## L19 000267479

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: PC	ople's Choic Name of Lim	e Plumbing Lited Liability Company	<u>l</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Joseph	Roldan Name of Person	<i>.</i>
	Yeoples C	horce Plumb	112
	11269 1=	Firm/Company  52 nd Stylet  Address	North
	Jupite/	FL 33478	
	Peoples Cho E-mail address: (	City/State and Zip Code  CD Whin 4  to be used for future annual report to ti	
For further information co	oncerning this matter, please ca	all:	
JOSEPH RI Name of	Person	at ( <u>ASY</u> ) <u>39</u> Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Sa 4.43	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

People's Choice Plumbing 20 APR CO AHID: 01

ON		LART OF STATE UP COMPONENTIAN
	eri Jib	OF JOHN CHAINS

(Name of the Limi	(A Florida Limited	iny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited I. Florida document number <u>L190002</u>	iability Company	were filed on <u>10</u>	124/19	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office address		address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		) (		
New Registered Office Address:	11269	152nd Enter Florid	Street address	0/th
	Jupite	City	, Florida	33478 Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		gyladon ur non gont in	
Title	<u>Name</u>	Address	21 APR 19 AM 10: 01	Type of Action
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	ere: (Attach additional sheets, if necessary) and on ATTER  21 APR 19 AM 10: 01	١
	21 B/ 31	
	·	
ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be pri	or to date of filing or more than 90 days after filing.) Pursuant to 605.	.020
If the date inserted in this block does not meet the appliment's effective date on the Department of State's record	icable statutory filing requirements, this date will not be listeds.	ed a
•		
	time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
filed.		
a 4/14/21		
· 0 m		
Signature of a member or au	thorized representative of a member	
1 - 1 0 1	tan nted name of signee	

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