L19000289242

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1 E. J Plumbing 12C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Josue Hernander Name of Person
Plumbing LLC Firm/Company
27850 Jean Ave Address
Paisley FZ 32767 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S12) 3/7 8348 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 OF

(Name of the Limited Liab	oility Company	22C as it now appears on bility Company)	our records.)	<u>.</u>
The Articles of Organization for this Limited Liability Florida document number <u>L 19000 28 9 2</u>		ere filed on	121/2014	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabili	ty company here:		
The new name must be distinguishable and contain the words "L	imited Liability	Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)	vone		76
				<u>=</u>
				- J
Enter new mailing address, if applicable:				ယ ————————————————————————————————————
Mailing address MAY BE A POST OFFICE BOX)				= -
		None		••
 If amending the registered agent and/or register gent and/or the new registered office address here 		dress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	pone	 -		
New Registered Office Address:	None			
		Enter Florida s	treet address	
	None		, Florida	
		City		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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Noe Hernandez Ochoa	95 Iver LW Paisler FL 32767	IZAdd
		Paisley FL 32767	□Remove
			□Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filing: 130 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	11/30/2020 Signature of a member or authorized representative of a member
	Typed or printed name of signee