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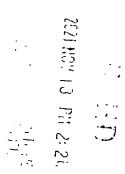
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A. BUTLER
DEC = 7 2021

## **COVER LETTER**

TO:

	Registration Se Division of Cor			
CUD IDZ	Ave Maria	Plumbing LLC		
SUBJEC	:I:	Name of Lim	ited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Leonardo Ruscitto		
			Name of Person	
		Ave Maria Plumbing LLC		
			Firm/Company	
		5320 Useppa Dr #1043		
			Address	
		Ave Maroa. FL 34142		
			City/State and Zip Code	
		Avemariaplumbing@gmail		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Leonardo	Ruscitto		404 826-5070 at ( )	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≣ \$</b> 25.0	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)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	•
	Tallahassee, l		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ave Maria Plumbing LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 26, 2019 Florida document number L20000005393 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_\_ City

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Norma Ailes	638 South Woodland Blvd	□Add
		Deland, FL 32720	
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			□Add
			Remove
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	pecifies a delayed el	ffective date, but r	not an effective t	ime, at 12:01 a.r	n. on the earlier	of: (b) The 90	th day after the
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is filed.			2021				
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is filed.		web Signature of	2021  Muscil  a member or auth	torized representat	ive of a member		

Filing Fee: \$25.00