## L20 000014156

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ED Plambing LLC  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:
Evendro V Feria
EO Plumbing LLC Firm/Company
4837 Welden Circle
City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
Evandro V Feria at 516 851 3605  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

(A) (D) (1	01 mg 1,1-C 2621 FEB 25 AN 7:27
(Name of the Limited	
(Name of the Crimited)	Liability Company as it now appears on our records:) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on
Florida document number <u>LZ000074 13</u>	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records. <u>enter the name of the new register</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Man	••	•••	
AMBR = Aut.	horized Member	2021 FEB 25 AM 7: 07	
<u>Title</u>	<u>Name</u>	2021 FEB 25 AM 7: 27	Type of Action
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ective da	e, if other than the date o	of filing; (optional)
		ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 person not meet the applicable statutory filing requirements, this date will not be listed
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cord spec	ies a delayed effective date.	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Filing Fee: \$25.00