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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLUMBINGQUEEN, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PLUMBINQUEEN, ILC   |  |  |   |
|---|--|--|---|
| (Name of the Limit  | ed Liability Company as it now appears<br>(A Floode Limited Liability Company)   | on our records.)   | ,——   |
| The Articles of Organization for this Limited Li<br>Florida document number 01/22/2020  | lability Company were filed on L206  | 000015574  | and assigned                                      |
| This amendment is submitted to amend the following  | owing:   |  |   |
| A. If amending name, enter the new name of  | f the limited liability company her  | <u>e</u> :   |   |
| PLUMBING QUEEN, LLC   |  |  |   |
| The new name must be distinguishable and contain the v  | rords "Limited Liability Company," the de-   | ignation "LLC" or the abbrevi                                  | iation "L.L.C."                                   |
| Enter new principal offices address, if applic  | able:  |  |   |
| (Principal office address MUST BE A STREE   |  |  | 골s 20   |
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| Parameter address if a pulleable  |  |  | 27  |
| Enter new mailing address, if applicable:   | DAY  |  | ्रिश ≩ा   |
| (Mailing address MAY BE A POST OFFICE   | <u>B(/A)</u>   |  |   |
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| B. If amending the registered agent and/or agent and/or the new registered office addre   | registered office address on our re<br>ss here:  | cords, <u>enter the name of</u>                                |   |
| Name of New Registered Agent:   | YUNERZY SUAREZ MIRABAL   |  |   |
|   | 6540 SW 114TH PE, APT: G   |  |   |
| New Registered Office Address:  | Enter Floris   | da street oddress  |   |
|   | MIAMI  |  |   |
|   | City   | Florida 33173  | Lip Code  |
| New Registered Agent's Signature, if changing   | Registered Agent:  |  |   |
| I hereby accept the appointment as registery<br>provisions of all statutes relative to the propaceept the obligations of my position as reg-<br>being filed to mereby reflect a change in the<br>company has been notified in writing of this | ed agent and agree to act in this c<br>per and complete performance of t<br>istered agent as provided for in C<br>registered office address, I hereb | my duties, and I am fam.<br>hapter 605 <u>.</u> F.S. Or, if ti | iliar with and<br>his document is<br>ed liability |

If Changing Registered Agent, Sunature of Siew Reg.

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  | YUNERZY SUAREZ MIRABAL | 6540 SW 114TH PL | □Add           |
|   |                        | APT: G           |                |
|   |                        | MIAMI, FL 33173  |                |
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