LZ0000117163

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
Jaffe Plumb	oing L.L.C.	•		
SUBJECT:	Name of Lim	ited Liability Company		
				PH 2: 24 Filing Fee, cate of Status &
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher Jaffe			
	 	Name of Person	50 C	ວຄວາ
	Jaffe Plumbing L.L.C.		2F 6	G ~
		Firm/Company	<u> 54</u>	1 1
	1012 malaga st			<u> </u>
		Address		2.2
	orlando, fl 32822		Oni	Ţ.
	Jaffe.Plumbing@gmail.com	City/State and Zip Code		
		to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
Christopher Jaffe		407 8797997		
Name o	f Person	at () Area Code Daytime	e Telephone Number	_
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cop	Status & y
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	
Tallahassee, l			e Street, Suite 810	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Jaffe Plumbing L.L.C.	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were	filed on April 30, 2020 and assigned
Florida document number L20000117163	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S
Principal office address MUST BE A STREET ADDRESS)	7 7
<u> </u>	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	2: 2 LOR LOR
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ty Zip Code

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
AMBR	Christopher Jaffe	1012 Malaga st orlando fl, 32822	■Add
			□Remove
			Change
		·	□Add
			□Remove
			□ Change
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fective date, if other than the date of filing:		(optic	onal)	
n effective date is listed, the date must be specific and cannot be prior to de ste: If the date inserted in this block does not meet the applicable		days after	filing.)	
cument's effective date on the Department of State's records.	statutory trinig requiren	icius, uni	date w	in not be usted
ecord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The	90th day after th
is filed.				
August 26, 2020				
HILLS top it To Affine Signature of a member of authorized	Æ			
	~			
Signature of a member of authorize	d representative of a memb	cr		