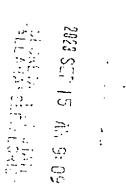
## L2000140693

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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A. RIVERS

Office Use Only

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## **COVER LETTER**

Registration Section Division of Corporations

**O**:

SUBJECT:	Shalom Dra	in Cleaning, LLC	•
ODJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
		Anthony Lezcano	
	<del></del> .	Name of Person	<u>.</u>
		Firm/Company	
		16700 E Secretariat Dr	
		Address	
		Loxahatchee, FL 33470	
	ا	City/State and Zip Code zcanoanthony17@gmail.com	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
Anthony	Lezcano	./ ) 202 1-	77.4
Name o	if Person	at ( <u>561</u> ) <u>293–13</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Registration S Division of C	Section	<u>Street Address:</u> Registration Sc Division of Co	
P.O. Box 632 Tallahassee,	27	The Centre of	Tallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Shalom Drain Cleanin	g, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records Company)	<u>.)</u>	<del></del>
The Articles of Organization for this Limited Liability Company were t	iled on05/26/20	)20 ar	nd assigned
Florida document numberL20000140693			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:		
Shalom Plumbing II, LLC			
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC"	or the abbreviati	on "L.L.C"
Enter new principal offices address, if applicable:	<u></u>		
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 addres	s on our records, enter	the name of th	e new register
gent and/or the new registered office address here:			원 위 [기
			<u>3</u>
Name of New Registered Agent:		n 1 21	<u>.</u>
		13	271
New Registered Office Address:	Enter Florida street address		Ψ
		•	(:>
<del></del>		orida	Cada
$C_{I}$	ù.	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

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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ctive date, if other than the date		La CCI	(optional)	
effective date is listed, the date must be sp : If the date inserted in this block do	pes not meet the applicable	e statutory filing requir	rements, this date will not	be listed as
ment's effective date on the Departn	nent of State's records.			
ord specifies a delayed effective date, filed.	, but not an effective time	, at 12:01 a.m. on the e	earlier of; (b) The 90th de	ay after the
meu.				
J. Contember 7	2023			
d September 7		•		
	roll			
	100			
Sigha	ture of a member or authorize	ed representative of a me	mber	