L20000 147283

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COVER LETTER

TO: Registration Sec Division of Corp			
	BING SERVICE OF FLORIDA	LLC	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	ALEJANDRO J JIMENEZ		
		Name of Person	
	H2O PLUMBLING SERVI	CES OF FLORIDA LEC	
		Firm Сотралу	
	2111 NE 173 STREET		
		Address	
	NORTH MIAMI BEACH.	FL 33162	
		City/State and Zip Code	
	alejandrojimenez29@yahoo.	com o be used for future annual report not	steation)
For further information of	encerning this matter, please ca		
Alejandro Jimenez		305 343-4824	
Name (of Person	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)
<u>Mailing Addro</u> Registration	Section	Street Address: Registration S Division of Co	
Division of 6 P.O. Box 63	Corporations 27	The Centre of	Tallahassee
Tallahassee,		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4120 PLUMBING SERVICES OF FLORIDA 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 $\frac{06/01}{2020}$ _____ and assigned Florida document number 1,20000147283 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H20 PLUMBING SERVICES OF FLORIDA LLC 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: __. 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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
MUR	Alejandro I Timenet	2111 NE 173rd St.	= Add
	0	North Mani Boach, F	33162
		Comp	
MAR	Lis A Lineuez	2111 NE 173'd St. Marke Miani Beach, F	_ _ _ Add
	v	Marter Miani Beach, F	1 37162 Remove
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ote: If the dat	e inserted in th	the date of fit must be specific is block does no ne Department	ioi meet ine ap	pricable statute	ng or more than ry filing requir	90 days after filing ements, this dat) (a) Pursuant to 605.020 (a) will not be listed (
record specific is filed.	s a delayed effe	ective date, but	not an effecti	ve time, at 12:0	1 a.m. on the c	arlier of: (b) T	he 90th day after th
ated			2020	·			
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Filing Fee: \$25.00