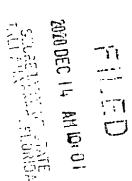
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(R€	equestor's Name)	
(Ad	ldress)	
(A d	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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DEC 1 1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/14/2020				**WALK IN**
ENTITY NAME ADV	ANCED SANITARY WE	LDING LLC		
			<u> </u>	
DOCUMENT NUMBE	R			
	PLEASE FILE THE	E ATTACHED AND RETU	RN	
XXXX	Plain Copy		,	000 - 125 - 128 -
	Certified Copy			
	Certificate of Status			
	PLEASE OBTAIN THE FO	PLLOWING FOR THE ABOV	IE ENTITY	
	Certified Copy of Arts			
	Certificate of Good Stan	ding 		
	APOSTILLE' / NO	OTARIAL CERTIFICATI	ON	
COUNTRY OF DESTIN	ATION	·		
NUMBER OF CERTIFIC	CATES REQUESTED			
fotal owed \$25.0	0	ACCOUNT #	#: I20160000072	
Please call Tina at	the above number for a	ny issues or concerns,	T hank yoa so mu	ch!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced sanitary welding LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10-02-2020	and assigned
Florida document number 1.20000311829		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Maltek Sanitary Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	7326 Bagley Cove Ct	
(Principal office address MUST BE A STREET ADDRESS)	Suncity Center, FL 33573-0220	
Enter new mailing address, if applicable:	7326 Bagley Cove Ct	
(Mailing address MAY BE A POST OFFICE BOX)	Suncity Center, FL 33573-0220	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enteres: Enter Florida street address Florida	the name of the new
	City Fiorida	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

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>	<u>Address</u>	Type of Action
AMBR	Małkolm Jermaine Suber	7326 Bagley Cove Ct	
		Suncity Center, FL 33573-0220	
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
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te: If the date inserted in this b	e date of filing: Ist be specific and cannot be prior to lock does not meet the applica Department of State's records. d effective date, but not	able statutory filing requ	irements, this date will ne	ot be listed a
ective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the Exercised specifies a delayer	e date of filing: st be specific and cannot be prior to lock does not meet the applica Department of State's records.	able statutory filing requ	irements, this date will ne	ot be I

Page 3 of 3

Filing Fee: \$25.00