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of 6/1/2022

COVER LETTER

Division of Cor			
SUBJECT: Spec	cialists in t	ited Liability Company	1 Bathroom LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Vandiel</u>	Nuevo Cas	staneda
	Specialists	Firm/Company	and Bathroom LLC
	14615 Su	D HLOW CT Address	
	<u>Deala</u>	FL 34473 City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
Yardieln Name o	Juevo Castan	Area Code Daytime	-5891 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)	☐ \$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 Sec Division of Corp	
P O Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20<u>20</u> and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L</u>2 000323298 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: and contain the words "Limited Liability Compaix 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: Enter Florida street address

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.

City

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 Name Address Type of Action _____ Remove ____ □Remove ______ □Change ____ Change _____ □Remove _____ □Change _____ □Remove _____ Change _____ □Remove

____ □Change

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Note:	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	3/20 2022
	× MDD
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00