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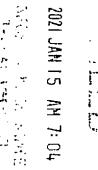
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:

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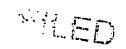
TO:

Registration Section Division of Corporations

Guardian SUBJECT:	Plumbing FL LLC		
30bite1	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John E. Finnegan		
		Name of Person	
	Guardian Plumbing FL L1	C	
		Firm/Company	
	517 Durant Street		
	 -	Address	
	Sebastian, Florida 32958		
		City/State and Zip Code	
	Guardianplumbingfl@gmai	Leom	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
John Finnegan		772 925-5257 at ()	
Name of Person		at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section	
Division of C	•	Division of Corporations	
P.O. Box 63: Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Guardian Plumbing FL LLC

2021 JAN 15 AM 7: 04

(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 $^{10/19/2020}$ Florida document number 1.20000330471 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Enter Florida street address _. Florida ___

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

FILED

<u>Title</u>	<u>Name</u>	Add 5829 JAN 15 AM 7:04	Type of Action
MGR	John E Finnegan	517 Durant Street	\ Add
		Sebastian, Florida 32958	□Remove
			□ Change
<u> </u>			
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		□Change	
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

Please see attached documentes for EIN nur	mber assigned- 85-4347314 2021 JAN 15
tive date, if other than the date of filing	: (optional)
ffective date is fisted, the date must be specific and	(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:
ment's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be list tate's records.
·	
ord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	an enterior time, at 12.57 and of the earlier of (b)
January 12th	2021
Q B 91	all h
Done P. Stral	ret oc
Signature of a m	nember or authorized representative of a member