K21 CCCC 65237

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	,_
(Dusiness Linky Ivalle)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
	İ

Office Use Only



400376299344

11/12/21-+01019--014 **30.00

21 FOT 12 FH 3: 46

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Mc.	Good Plumb Name of Lim	ited Lightlily Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Giovanni	Surras Name of Person	
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following: CIDVUM. Surras Name of Person Primaracle Consulting Services LLC Firm/Company 550 Fisherman Street, unit 541288 Opa-locka FL 33054 City/State and Zip Code Primaracle Consulting Services a gmail, com E-mail address: (to be used for finure annual report notification) secreting this matter, please call: Sairas at (786) 738-7890 Person at (786) 738-7890 Certificate of Status Certified Copy (additional copy is enclosed) Sirret Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	550 Fish	erman Street,	unit 541288
	Opa-locka	FL 3305 City/State and Zip Code	-4
	Primoracle Co. E-mail address: (nsulting Services @ a to be used for flature annual report notion	amail, Com
For further information c	oncerning this matter, please ca	all:	
Giovanni	Sairras	at (78 6) 738 -	7890
Name o	i Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Mr. Good Plumbing (Name of the Limited Liability Compa (A Florida Limited L	1 HSV 12 FN 3: 43
(Name of the Limited Liability Comple (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/8}{2021}$ and assigned
Florida document number <u>L210000 65237</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1905 Monroe Street
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33020
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Exter 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address 21 K3" 12 PH 3: 43	Type of Action
		-	□ Add
			Remove
			□Change
			□ Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

					, 4 - 1	- 10	
					21 HC	5 54 3: 113	
							
					······································		
			·	· · · · · · · · · · · · · · · · · · ·	··		
						·	<u></u>
							
							· · · ·
		·					
	·		_ 		-		
			· -				
							
	· · · · · · · · · · · · · · · · · · ·						
							
		 .					
ective date, if other the effective date is listed, the	han the date (of filing: wife and com	ot be prior to c	late of filing or m	ore than 90 days af	tional) er filing) Pursuant to	605 0207 C
te: If the date inserted i	in this block do	es not meet i	the applicable				
ument's effective date of	on the Departm	ent of State'	s records.				
cord specifies a delayed	l effective date,	but not an e	ffective time	, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
s filed.							
ed <u>Nov 8</u> 2	021	······································		•			
		1.2	1				
H.	arker (1	Water	u				_
	Signat	ure of a memb	or or authoriz	ed representative	of a mambar		
ľ	. Signal	ure or a pierric	er or authorize	ed representative	or a member		
ľ	l L	o		eu representative	or a member		