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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mr. Good Plumbing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher R. Parker Name of Person
Mr. Good Plumbing, LLC Firm/Company
1905 Monroe Street
Hollywood FL 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Parker at (786) 498 - 2216 S Name of Person Area Code Daytime Telephone Number S Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Compa	DICA, L	LC	
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	1. 14.
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100065237</u>	were filed on _	02/08/2021	and assigned
Florida document number L 21000 65 25 T			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	lanc	M	. 1
Enter new mailing address, if applicable:	1703	Monroe Str wood, FL 3:	ee+
(Mailing address MAY BE A POST OFFICE BOX)	Holly	wood, FL 3.	3020
			<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our	records, enter the name of t	he new registered
agent anu/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	City		Code Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance o	of my duties, and I am famili	iar with and

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>	Address 1905 Monroe Street	Type of Action
MGR	Parker, Christopher R	Hollywood, FL 33020 12700 Wood street	(BAdd
		Miami, FL 33167	CPRemove
			□Change
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			🗆 Remove
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			Change
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			Remove
			□ Change

	I like to update the address of the
	Sole owner and manager of this LLC.
	The updated address is:
	Christopher Parker
	1905 Monroe Street - updated addre
	Holly wood, FL 33020
	
Effec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docur	ment's effective date on the Department of State's records.
he reco	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 the
ord is	
	10-7-01
. Dated	1-17-17-1
	to ke fills
	Signature of a member or authorized representative of a member
	Para Charal
	Typed or printed name of signee

Filing Fee: \$25.00