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## **COVER LETTER**

Division of Cor		* *	•
SUBJECT: PCO	-tech Du Name of Lim	umbine Sort	vicelic
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joel B	Name of Person	
		Firm/Company	
	<u>7323 (</u>	laudias lu	JALY .
(	Panama	City Fl City/State and Fib Code	32404
For further information co	e-man address: (oncerning this matter, please of	to be used for future annual report not	ncation)
Jan 1.11	and divining enjoy motion, preside of	01 - OHD	500
Name of	M-l C	at ( 350 Q 4 + - Area Code Daytim	ie Telephone Number
	`		•
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is creclused)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	ction porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO-Tech Plumbing Service LLC

(Name of the Limited Liability Company as innow appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Li (A F	iability Company as innow appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabilifold document number \( \bigcup_{\frac{1}{2}\left(000088)}\)	- [ ]
This amendment is submitted to amend the following	ng:
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 "L.L.C."
Enter new principal offices address, if applicable	: :
(Principal office address MUST BE A STREET A.	DDRESS)
	<u> </u>
Enter new mailing address, if applicable:	V1
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	Joel Ullmer
New Registered Office Address:	F323 Claudias WAY Enter Florida street address
P	anama City Florida 32404 Zip Coole
New Registered Agent's Signature, if changing Regis	stered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as registered	gent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and Cyced agent as provided for in Chapter 605, F.S. Or, if this tacument is stered office address, I hereby confirm that the limited liability nge.

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
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locument <sup>*</sup>	s effective date	on the Departi	nent of State	's records.				; ; 26
record sp	ecifies a delaye	d effective date	e, but not an e	effective time	e, at 12:01 a.n	n. on the earlier	of: (b) The	90th day after the
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Filing Fee: \$25.00