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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Moon 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:
John F Bach jc Name of Person
Blue Moon Plumbing, LLC
1200 Black Diamond Dr, apt 1219
Panama C: ty Beach, Florida, 32407
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn F Bach 3C at (267) 864-7962 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

BIUE MOON	PLUMIBING, LLS
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{2/26/2}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR)	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE F. 22
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zip Code

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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager AMBR = Authorized Member

<u>ïtle</u>	Name	Address .	Type of Action
MBR	John F Bach je	1200 Black Diarand Dr, apt 1	1219 Add
		Panoma City Beach, 32	407 _{□Remove}
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effe <u>e:</u> I	ve date, if other than the date of filing:
ord file	I 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 dection of the earlier of the e
:d _	June 4 2021 Im J Brown
	Signature of a member or authorized representative of a member
