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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	PLUMBING GROUP, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BRIAN J. HAYES			
		Name of Person		
		Firm/Company	<u></u>	2
	P.O. BOX. 1114		TALL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Address	PAR SA	
	VERO BEACH, FL 3296	1	10 X 20 4 20 X 20 4 20 X 20 X 20 X 20 X 2	रुव्यक्
	brian@hayesgroupinc.com	City/State and Zip Code	STATI E. FL	PM 3: It
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	fication)	4 •
Brian J. Hayes	•	772 226-0061		
Name o	f Person	at ()	ne Telephone Number	<u> </u>
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	Status &
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Co		
P.O. Box 632		The Centre of T	Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000311536</u>	were filed on JULY 7, 2021	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
PELICAN PLUMBING PROS, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	LC" or the abbreviation "	L.C."
Enter new principal offices address, if applicable:		SET 282	
(Principal office address MUST BE A STREET ADDRESS)	 		#1
		7A 5	
Enter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE BOX)		3: \ 	<i>J</i>
		u t-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	er the name of the ne	ew reg
New Registered Office Address:			
New Registered Office Address.	Enter Florida street addr	ress	
	F	Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

DELICANI DI LIMBING CROUD, LLC

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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			SECRE IN ICY
			AHASSEE, FIA
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		not an effective	time, at 12:01 a.r	n. on the earlier o	of: (b) The	: 90th d	ay after th
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Filing Fee: \$25.00