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## **COVER LETTER**

	tration Section on of Corporations
SUBJECT: _	January 2 January Plumbing Luc Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Jerone Watson Name of Person
	January 2 January Plumbing LCC Firm/Company
	1005 NW 5TN St Address
	Ft. Lauderdale FC 33311 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Jer	Name of Person at (784) 779-1344  Area Code Daytime Telephone Number
Enclosed is a c	theck for the following amount:
X \$25.00 Fil	ing Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\Bigcup \$Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Malling Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as a now appear (A Florida Limited Liability Company)		<u> </u>	
The Articles of Organization for this Limited Liability Company were filed on	8/27/21	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abb		L.L.C."
Enter new principal offices address, if applicable:	SEC.	2021	
(Principal office address MUST BE A STREET ADDRESS)		<del></del> -	112
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	200 000 000 000 000 000 000		Cagair.
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:  Name of New Registered Agent:	ecords, <u>enter the nam</u> e	e of the n	ew registered
New Registered Office Address:  Enter Flor	rida street address		
	, Florida		
City		Zip Coa	<u></u>

## 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 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>	<u>Address</u>	Type of Action
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