421000462034

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.10.1000 2.10.1, 11.10.10.1)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
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COVER LETTER

Division of Cor	rporations				
Bay 2 Bay SUBJECT:	Plumbing & Drains Ilc	•	•		
SUBJECT:	Name of Lim	ited 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:			
	Joshua Gartner				
		Name of Person		_	
	Bay 2 Bay Plumbing & Dr	rains lle			
		Firm/Company	· 	-	
	5222 18th st	222 18th st			
	Address			_	
	Zephyrhills, FL 33542			2022 DEC	
	Josh@bay2bayplumbing.co	City/State and Zip Code			£C 29
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifica	tion)		3
Joshua Gartner		813 701-4224 at ()			မှာ ပြ
Name o	f Person		elephone Numbe	<u></u>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifico	ate of Status	
Mailing Address		Street Address:			

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

TO:

Registration Section

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



December 8, 2022

JOSHUA GARTNER 5222 18TH ST ZEPHYRHILLS, FL 33542

SUBJECT: BAY 2 BAY PLUMBING & DRAINS, LLC

Ref. Number: L21000462034

We have received your document for BAY 2 BAY PLUMBING & DRAINS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 522A00027300

2 DEC 29 AM 10: 58

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay 2 Bay Plumbing & Drains llc	,,	26
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	2000
The Articles of Organization for this Limited Liability Company	were filed on 10-25-2021	and Assigned
Florida document number L21000462034		
This amendment is submitted to amend the following:	•	是3:14
A. If amending name, enter the new name of the limited liab	ility company here:	1
The new name must be distinguishable and contain the words "Limited Liabi	Eu Community of LC and the other	revietion WLL C."
-		reviation E.E.C.
Enter new principal offices address, if applicable:	5222 18th st	
(Principal office address MUST BE A STREET ADDRESS)	Zephyrhills, FL 33542	
Enter new mailing address, if applicable:	5222 18th st	
(Mailing address MAY BE A POST OFFICE BOX)	Zephyrhills, FL 33542	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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.

It 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		□Add	□ Add
			□Remove
			☐ Change
			
			[]Change

<i>3</i>	her information, enter change(s) here:	
		
		
effective date is list e: If the date inse	her than the date of filing: ed, the date must be specific and cannot be prior to erted in this block does not meet the applicab date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 de statutory filing requirements, this date will not be listed
ord specifies a de filed.	layed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed 9-9-2022		··
	Signature of a member or authori	zed representative of a member

Typed or printed name of signee