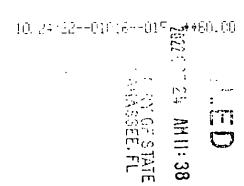
## K21000474216

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co				
	HEATERS ONLY, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Michael Shelly			
		Name of Person		
		Firm/Company		200
	12022 SW Bennington Cir	rele		7: :
		Address	3	Terrina Ter
	Port Saint Lucie, FL 3498	7	ლი ლ.ც თ.с.	<b>P</b> C
	Mike@priorityplumbers.co	City/State and Zip Code	FLE	AM III: 38
	E-mail address: (	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Michael Shelly		561 707-1436		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional cop	f Status & Py
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Water Heaters Only, LLC	
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed o	on November 2, 2021 and assigned
lorida document number L21000474216	•
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	iny here:
Priority Plumbers, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1-1
Principal office address MUST BE A STREET ADDRESS)	- (-)
<del></del>	(本) 2
nter new mailing address, if applicable:	SSG A III
	For E U
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	- E 8
. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
	, Florida
City	Zin 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.

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
AMBR	Alexandria Shelly	12022 Sw Bennington Circle	🗹 Add
		Part St. Lucie, Fl 34987	□Remove
			□Change
	<del></del>		□Add
			Remove
		- · · · · · · · · · · · · · · · · · · ·	Change Change STAIL
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ffective date, if other than the an effective date is listed, the date in fote: If the date inserted in this locument's effective date on the	ust be specific an block does not	nd cannot be prior meet the applic	able statutory				
record specifies a delayed effect lis filed.	ive date, but no	ot an effective t	ime, at 12:01 a	.m. on the earlie	r of: (b) The	90th day	after th
ated October 192 2	2022		<u> </u>	<b>\</b> /			
			/ \	NI/			

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