L22000005344

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TO: Registration Section Division of Corporations											
SUBJECT: Trustflew 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:											
Trever Sectt Name of Person											
Coralberry Plimbing LLC											
6180 Coralberry Terrace											
Port Charlette, FL 33981 City/State and Zip Code											
E-mail address: No He used for future annual report notification)											
For further information concerning this matter, please call:											
Trever Scett at (40) 580.75/8 Name of Person Area Code Daytime Telephone Number											
Enclosed is a check for the following amount:											
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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

TO ARTICLES OF ORGANIZATION **OF**

Trustflow Plumbing LLC
(Name of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/28/2021 and assigned
Florida document number <u>L2200005344</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
-
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address is
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:

 N_{i}

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action **Title** Name | _____ □Remove □Change __ □Remove _____ □Remove _____ Change _____ 🗀 Add _____ □ Remove bAd⊟ _____ □Remove ____ □Remove

_____ Change

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