## 122000015875

(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	<del>;</del> #)
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T. MATTHEWS APR -8 2022

## COVER LETTER ...

TO: Registration Se Division of Cor			,		
	BLE PLUMBING EXPERTS (	LLC			
SUBJECT:	Name of Limi	ned Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ANA CLARA PIMENTA				
		Name of Person			
	TAX HOUSE MIAMI				
		Firm/Company			
	301 NE 79TH STREET 2				
		Address			
	MIAMI FL 33138				
		City/State and Zip Code			
	ANACLARA@TAXHOUS		differtion)		
		to be used for future annual report no	incation)		
For further information c	oncerning this matter, please ca				
ANA CLARA		786 615-2009 at ()			
Name o	f Person	Area Code Daytir	me Telephone Number		
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		
1.5411511515555121	/ 11++	<u> </u>			

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A Florida Limited	ny as it now appears on our recor Liability Company)	<u>-ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000015875</u> .	were filed on <u>01/07/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addr	ess
		ess F <b>lorida</b> Zip Code

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>	<u>Address</u>	Type of Action
MGR	DEIBY GRULLON	2954 NW 44TH STREET	
		MIAMI FL 33142	■Remove
			□Change
			□Remove
			Change
			🗖 Add
			Remove
			Change
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effective date is listed, the date must be: If the date inserted in this bloc	e specific and canno c does not meet th	t be prior to date o re applicable sta	of filing or more that autory filing requ	an 90 days after fil airements, this d	ling.) Pursuant to 60: late will not be list	5.0207 ted as
ument's effective date on the Dep	ertment of State's	records.		•		
cord specifies a delayed effective o	ate, but not an eff	fective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after	er the
s filed.						
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ed MARCH 23RD  Mercider  Si	Laniola gnature of a membe	er or authorized re	epresentative of a r	nember	<del>_</del>	