L22000038266

or's Name)	
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e/Zip/Phone #)	
WAIT	MAIL
Entity Name)	
nt Number)	
Certificates of	Status
Officer:	1
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Office Use Only



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JANSON OF CORPORATIONS

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T. MATTHEWS

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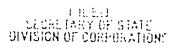
COVER LETTER

TO: 'Registration Section Division of Corporations	
SUBJECT: BOWLIN PUNGING SERVICES 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:	
Roy Bowling Name of Person	
BOWLIN PLUMBING SEXULES Firm/Company	
11234 ELDERBERY CT	
CLECIMONT FL 34715 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROY BOWLIN ANDERS BOWLIN at (443) 846-9511 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 & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	atus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 24 AM 9: 02

BOWLIN PLUMBI	NG SERVICES UC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou da Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L22000382106</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registere
agent which is the new 1-parties of the wastern in the	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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.

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	ROY BOWLIN JR	11234 ELDERBERRY CT	XAdd
		11234 ELDERBERRY CT CLERMONT FL 34715	□Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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<u>.</u>	
	r than the date of filing: (optional)
	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 and in this block does not meet the applicable statutory filing requirements, this date will not be listed
	te on the Department of State's records.
	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	
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ted MAY 2	. 2022
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	Company of the state of the sta
	Signature of a member or authorized representative of a member
	Roy Bowing Typed or printed name of signee