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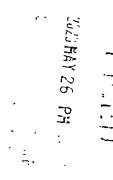




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7/20/23 VIN



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
	BARRERA	A PLUMBING INSTALLATIO	ON LLC				
SUBJECT:Name of Limited Liability Company							
The onelosed	LArticles of	Amendment and fee(s) are sub	mitted for filing				
			-				
Please return	all correspo	ondence concerning this matter	to the following:				
		YOLY SABILLON					
			Name of Person				
		FLORIDA BUSINESS SE	RVICES				
			Firm/Company				
		11356 S ORANGE BLOS	SOM TRAIL				
		*	Address	· -			
		ORLANDO FL 32837					
			City/State and Zip Code				
		info(a)flbusinessservices.com					
		E-mail address: (to be used for future annual repor	t notification)			
For further in	iformation c	oncerning this matter, please ca	all:				
YOLY SAB	ILLON		407 723133				
	Name o	f Person	Area Code D	aytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 P		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			
	iling Addres		Street Addres				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARRERA PLUMBING INSTALLATION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/27/2022}{1}$ and assigned Florida document number 1.22000048090 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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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	ERIKA ACOSTA MENDOZA	6515 LA MIRADA DR # 6	Add
		JACKSONVILLE FL 32217	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Remove
			Change

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Filing Fee: \$25.00