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's Name)
Zip/Phone #)
WAIT MAIL
Entity Name)
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Certificates of Status
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Office Use Only



COVER LETTER

Registration Section Division of Corporations

TO:

COCO PLU	JM PLUMBING WATER HE	ATER SPECIALIST LLC		
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROGE PUTMAN			
		Name of Person		
	COCO PLUM PLUMBIN	G WATER HEATER SPECIALIS	TLLC	
		Firm/Company		
	P.O. BOX 671022			22
		Address		au A
	CORAL SPRINGS, FL 33	067		22 AUG 26 PH 12: 1
	·····	City/State and Zip Code		PH
	ROGE.PUTMAN@GMAII			5
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
ROGE PUTMAN		954 661-4046		
Name o	f Person	Area Code Daytin	ne 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 Fer Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of 1	l'allahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 6, 2022	and assigned
Florida document number L22000164849		
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 "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6295 West Sample Road #671022	11Vib
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, Florida 33067	100 miles
		<u> </u>
Enter new mailing address, if applicable:		원 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nar</u>	ne of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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.

City

Zip Code

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>	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			22 MUG 28
			26 Add 2000 27 Add 2000
			P Remove
			□Change
			□Remove
		·	□Add
			□Remove
			Change
			

_____ □Remove

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ffective date, if other than than than the an effective date is listed, the date in this occurrent's effective date on the	must be specific a s block does no	and cannot be p	plicable statut			filing.) Pursuant	
record specifies a delayed effec	ctive date, but n	iot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)) The 90th day	y after the
is filed.							
August 20	<u>-,</u>	2022					
t is filed. August 20 ated)			