## 12000182879

(Requestor's Name)
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JECRETARY OF STATE

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A. BUTLER
MAY - 5 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT:	2 2017 Brown Name of Lim	Plumbing LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Corre	1 Brawn Name of Person	
	Corry Br	FirmyCompany	Lic
	2244 Wak	oash Tail	<del></del>
	Tallahassee	P1 32303 City/State and Zip Code	
	Corylbre E-man address: (1	to be used for future annual report notif	7ication)
For further information of	oncerning this matter, please ea	all:	
Corry Name o	Bown Person	at ( <b>850</b> ) <u>274</u> - Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(V. \$60.00 Filing Fee. Certificate of Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY -5 PM 1: 12

Liability Company as it now appears on our records ECRETARY OF STATE TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on \_Maxf 3,2022 and assigned Florida document number <u>422000182879</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Corry Braun Plumbing Services LLC

The new name hust be distinguishable and contain the Gords "Limited Liabibity Company," the designation "LLC" or the abbreviation "LLC." 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 City 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>	Name	Address	Type of Action
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f an effective <u>Note:</u> If the	date is listed, the di date inserted in	ate must be specific	ot meet the applica	to date of filing or o	(opti nore than 90 days afte ng requirements, thi	onal) r filing.) Pursuant to 60; s date will not be list	5.0207 ( ted as tl
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Dated	5-5	<del></del>	2027	<u>2</u> .			
		<u> </u>	-	<del></del>			
_		Signature o	f a member or autho	rized representativ	e of a member	···-	

Filing Fee: \$25.00