L22000233661

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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A. RIVERS FEB - 8 2023



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COVER LETTER

TO: Registration So Division of Cor				
	HOMES PLUMBING LLC			
SUBJECT:	Name of Lin	ited Liability Company	- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
The apployed Arrights of	Amendment and fee(s) are sub	united for filing		
		_		
ricase return an correspo	ondence concerning this matter	to the following:		
	PAAVO SALMI			
		Name of Person		
	STEEL X HOMES PLUM	IBING LLC		
		Firm/Company		
	1475 PINE AVE			
		Address		
	ORLANDO, FL 32824			
	-	City/State and Zip Code		
	psalmi@steelxhomes.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)	
	oncerning and names, preuse c			
PAAVO SALMI		407 8665415 at ()		
Name c	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he 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:	action	
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEEL X HOMES PLUMBING LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000253661	were filed on 06/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	看 二
Name of New Registered Agent:		22 III
New Registered Office Address:		
	Enter Florida street address	12 5305

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
AGENT	ALEX MARRIAGA	7751 KINGSPOINTE PARKWAY, UNIT 110	□Add
		ORLANDO, FL 32819	≣Remove
			[] Change
AREP	ALEX MARRIAGA	7751 KINGSPOINTE PARKWAY, UNIT 110	□Add
		ORLANDO, FL 32819	\BRemove
			☐ Change
			□Add
		 	□Remove
			□Change
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Note:	ve date, if other than the date of filing:
e record rd is filo	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated ₋	November 21 2022
	Senature of a momber or authorized representative of a member

Filing Fee: \$25.00