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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Rio	Tec Plumbi	na LLC	
Sobsect.	Name of Limi	ted Limility Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Nancee +	Name of Person	
	Rio Tec Pl	UMOING Firm/Company	
	5567 Tau	ylor Rd Suite	2 FEBRIA 54
		City/State and Zip Code City/State and Zip Code Code	
For further information co	oncerning this matter, please ca		FI C
Brian Ha	NES Person	at (<u>239</u>) <u>919</u> - Area Code Daytim	re Telephone Number
Enclosed is a check for th	e 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 Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	-
Tallahassee, F	プレングス 14	Z#TJ IN. MIOIIIO	ic succi, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rio Tec Plumbing LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(A Florida Limited	Hiability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on July 7, 2022 and assigned			
Florida document number <u>L22000.304 [[6]</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	- 2			
	: Las			
	22			
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:	e address on our records, enter the name of the new registered			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agen	ıt:			
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is			

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
AMBR	Gibertoni, Alberto	115 Blue Ridge Dr Naples, FL 34112	□Add
		Naples, FL 34112	thremove
			□ Change
			□Add
			□Remove
			□Change
		:	□Add
		·	☐Remove.
			Change DAdd
		<u> </u>	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
	
	
Iffective date, if other than the date of filing: 522223 Tan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 900 Note: If the date inserted in this block does not meet the applicable statutory filing requires document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605,0207 ments, this date will not be listed as
	rlier of: (b) The 90th day after the
d is filed.	
d is filed.	
Dated	2003 LAY 24
Pated	2003 LAY 24

Filing Fee: \$25.00