# L22000326456

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer:	
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## **FILED** 2023 FEB - 3 PM 4: 08 SFORMENTIC OF STATE

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Office Use Only

#### COVER LETTER

TO:	<b>Registration Section</b>
	Division of Corporations

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Silverman Plumbing LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

avid Silverman Name of Person Name of Person Silvernan Plunting Fim/Company NE 9th Ave Address Boynton Beach FI City/State and Zip Code Silvernan plunbing/IC & gnail. (on E-mail address: (16 be used for future annual report politication) FE8 -3 For further information concerning this matter, please call: PH L: David Silverman at (<u>561</u>) <u>6591092</u> Area Code Daytime Telephone Number

Enclosed is a check for the 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)

80

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 A	
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ARTICLES OF O	RGANIZATION
OI	7
Silvernandumbir	29 LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<b>« as it now appears on our records.</b> ) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L22000326456}$	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	v Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Boynton Beach FL 33435
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach FL 33435
	·
	I HE OULL SS S
Enter new mailing address, if applicable:	Lal NE 9th Ave SA B Boynton FT E T
	Kounton T
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	id Silverman, FA
Name of New Registered Agent: Silvernor	Aunding LLC/M& address - Gth Ave Enter Florida street address Beach, Florida 32435
New Registered Office Address: 641 ME	- Gth Aw Enter Florida street address
$\sim$ 1	$\int \int $
Koynton	Beach, Florida 3455
	City Zip Code
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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			_ 🗆 Add
			_ Remove
			_ 🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	1/19/23	SECR TARY	2023 FEB - 3	
	Signature of a member or authorized representative of a member David Silver Mar Typed or printed name of signee	DEE. FL	8 <sup>1</sup> 0 : ۲ Hd	

### Filing Fee: \$25.00