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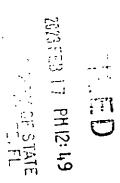
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R. HUNT 02/17/23

COVER LETTER

TO:

TO: Registration Division of C					
Local Plu	ımber of Ft Myers LLC				
SUBJECT:	Name of Lin	nited Liability Company	 		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Courtney Hubbard				
		Name of Person			
	Local Plumber of Ft Myer	s LLC			
		Firm/Company)
	613 S Missouri Ave				
		Address		SES SES SES SES SES SES SES SES SES SES	(
	Clearwater, FL, 33756			PHI2: 49	48740
	accounting@tampabayplur	City/State and Zip Code		Tr	
		to be used for future annual report notification	on)		
For further information	concerning this matter, please c	all:			
Courtney Hubbard		727 223-6400			
Name	e of Person		ephone 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)	Certified (of Status &	
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Local Plumber of Ft Myers LLC		
(Name of the Limited) (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on 10/03/2022	and assigned
Florida document number L22000426678	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(IDDRESS)	
		
		$\frac{5}{2}$
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
3. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>ere</u> :	enter the make of the new register
Name of New Registered Agent:	Jason Lamson	
New Registered Office Address:		
	Enter Florida street	address
_	C:-	, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jason Lamson	613 S Missouri Ave	= Add
		Clearwater, FL. 33756	□Remove
			□Change
			□Add
		·	□Remove
		<u> </u>	DAdd DAdd PHINGRemove
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Signature of a member or authorized representative of a member	ated February 14	·							

Filing Fee: \$25.00