L22000452501

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
d Copies Certificates of Status	_
al Instructions to Filing Officer:	

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A. RIVERS

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COVER LETTER

Registration Section Division of Corporations

ROYAL PLUMBING OF FLORIDA LLC

СТ:	Name of Lim	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	RUTH BOUAZIZ		
		Name of Person	
	ROYAL PLUMBING OF	FLORIDA LLC	
		FirmvCompany	
	5504 N. PARK ROAD		
		Address	
	FT. LAUDERDALE FL. 3	3312	
	.	City/State and Zip Code	
	ASITRISH@BELLSOUTH		
	E-mail address. (to be used for future annual report notif	ication)
her information o	oncerning this matter, please of	all;	
BOUAZIZ		305 332 1321	
Name o	of Person	305 332 1321 at ()	: Telephone Number
d is a check for t	he following amount:		
.00 Fiting 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 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

ROYAL PLUMBING OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ticles of Organization for this Limited Liability Compa		v2022	and autioned
document number <u>L22000452501</u> .	any were med on		and assigned
mendment is submitted to amend the following:			
imending name, <u>enter the new name of the limited l</u>	lubility company here	:	
name must be distinguishable and contain the words "Limited Li	iability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
ipal office address MUST BE A STREET ADDRESS	2		
new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
and/or the new registered office address here:		,	of the new registered
New Registered Office Address:			. 2
	Enter Florida	street address	
	Enter Florida street address Florida Zip Codes		
new mailing address, if applicable: It address MAY BE A POST OFFICE BOX) Immending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent:	•	" Zip Coyles 💢 👯	
	•		- · ·
gistered Agent's Signature, if changing Registered Age	•	,	
gistered Agent's Signature, if changing Registered Age y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple the obligations of my position as registered agent o led to merely reflect a change in the registered offi	ent: agree to act in this cap lete performance of my as provided for in Cha	v duties, and I am fa upter 605, F.S. Or, i	The to comply with the miliar with and fithis document is

If Changing Registered Agent, Signature of New Registered Agent

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added noved from our records:

= Manager

R = Authorized Member

	<u>Name</u>	Address	Type of Action
i 	RUTH BOUAZIZ	5504 N. PARK ROAD	≅ Add
		FT LAUDERDALE FL. 33312	
			☐ Change
			□Add
			□Remove
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UTH BOUAZIZ: CHAN	NGE (-0- UNITS TO 50 UNITS)	
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	· <u>····································</u>	
f the date inserted in this	the date of filing:	t to 605,0207 (be listed as t
d.	betive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
OCTOBER 27	CURL 2022	
	•	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00