## L22000455759

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS 0CT 0 7 2023



700416180457

09/22/23--01010--026 \*\*30.00



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plumb DR, LLC	
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Sidney H	Name of Person
Plumb DR,	Firm/Company
4977 Prieto	DY. Address
<u>Pensawla, F</u>	1 3250 6 City/State and Zip Code
Portaity Aug	mbing and gase 9 mail com (to be used for future andual report notification)
For further information concerning this matter, please	call:
Sidney Harais Name of Person	at ( <u>850</u> ) <u>393-9502</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee  \$\square \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plumb D (Name of the Limited Liah (A Flori	Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 92-1941799	Company were filed on 10 24 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	
The new name must be distinguishable and contain the words "Li	Md Gas, LLC imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- SP
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			C Change

						_
			<u>-</u>			_
		<u>-</u>				<del></del>
						-
						_
						_
					<del></del>	_
						_
<del></del>					<del></del>	_
	<u> </u>			<del></del>		
						_
			·		_	<del></del>
						_
					_	_
				NA.		_
<u>te:</u> If the date i	other than the date of listed, the date must be spenserted in this block do we date on the Departm	es not meet the ap	plicable statutory f	(op or more than 90 days af Iling requirements, t	tional) ter filing.) Pursuant to 60 his date will not be li	05,020 sted a
s filed.	delayed effective date.				(b) The 90th day aft	ter the
	/2017					
ted <u>9/19</u>	1005	·				
ted <u>9/19</u>	/2023	are of a member or a	nuthorized representa	tive of a member		

Filing Fee: \$25.00