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To:

Division of Corporations

Fax Number : (850)617-6383

Frem:

Account Name : API PROCESSING Account Number : I20110300069 Phone : (954)567-0013 Fax Number : (954)567-3401

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLUMBING INNOVATION

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### **COVER LETTER**

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TO: Registration Division of C	Section orporations		
PLUMBI	ng innovation usa, ll	C	
SUBJECT:	Name of L	mited Liability Company	
·		•	
The enclosed Articles of	of Amendment and fea(s) are st	bmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Annette Mota		
		Name of Person	
	API Processing - Licensi	ng, Inc.	•
		Firm/Company	
	3419 Galt Ocean Drive S	vite A	
		Address	<del></del>
	Fort Lauderdale FL 3330	В	
	annette@apiprocessing.com	City/State and Zip Code	· · · · · ·
	· · · <del>-</del>	(to be used for future annual report noti	fication)
For further information of	concerning this matter, please o		
Annette Mota		954 567-0013 x 1	
Name o	of Person	Area Code Daytime	Tolephone Number
Enclosed is a check for the	he following amount:		
≅ 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Pee & Certified Copy (additional copy is anciosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
No Olima da danca			٠

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

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PLUMBING INNOVATION USA, LLC		
(Name of the Limited Linh (A Flori	ility Company as it now appears on our recor- ida Limited Liability Company)	<u>ds.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 10/25/2022	and assigned
Florida document number L22000458812	·	<u> </u>
This amendment is submitted to amend the following:		FIN12:
A. If amending name, enter the new name of the lin	nited liability company here:	ى ك
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "T.I.C	or the abbreviation 41 I C 11
Enter new principal offices address, if applicable:	The state of the s	, of the abbreviagen Las.C.
(Principal office address MUST BE A STREET ADD		
AND THE PARTY AND THE ASTRACT ADD	<u></u>	
	· <del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
THE PARTY DESIGNATION OF THE PROPERTY OF THE P		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	ed office address on our records, <u>enter</u>	the name of the new register
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	City	Zip Code
Yew Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent or provisions of all statutes relative to the proper and concept the obligations of my position as registered ago seing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and zent as provided for in Chapter 605. F	I I am familiar with and S. Or, if this document is
	- The second sec	
•		
	M Changing Registered Agent, Signature of	New Registered Agent

# Page 4045

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\_ DRemove

\_ Change

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Stephane Valcourt MOR 2280 NW 33rd, Court Pompano Beach FL 33069 \_\_\_\_ 🗆 🗆 Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □ Λdd \_\_\_\_\_ Remove \_\_ 🗆 Change \_\_\_\_ □Remove \_\_\_\_\_ Change \_\_ Change

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e record ap rd is filed.	ccifies a delayed e	ffoctive date, but	not an effeci	tive time, at 1	2:01 a.m. on 1	he earlier of: (E	) The 90th day	after the
Dated	NOV. 15, 2	023	> <u></u>	······································				
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