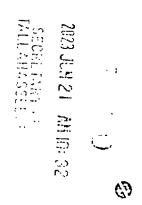
# L22000512988

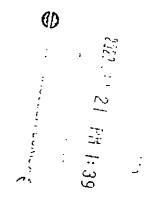
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|                         | (Address)                |
|                         | (Address)                |
|                         | (1.051000)               |
|                         | (City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL                |
|                         | (Business Entity Name)   |
|                         | (Document Number)        |
| Certified Copies        | Certificates of Status   |
| Special Instructions to | Filing Officer:          |
|                         | J. HORNE<br>JUN 22 2023  |

Office Use Only



800410880658





# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



### **ORDER FORM**

**TO** Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.my florida.com

850-245-6051

REQUEST DATE 6/21/2023

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1159584

ORDER ENTITY

**EMERGENCY PLUMBER LLC** 

## PLEASE PERFORM THE FOLLOWING SERVICES:

EMERGENCY PLUMBER LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 21, 2023 Page 1 of 1

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | EMERGENCY PL   | UMBER LLC                                     | <del>2</del>                               |
|---|--|---|--|
| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited                     | iny as it now appears o<br>Liability Company) | on our records.)                           |
| The Articles of Organization for this Limited I   | Liability Company  | were filed on 12/06                           | 5/2022 and assigned                        |
| Florida document number L22000512988  |  |   |  |
| This amendment is submitted to amend the fol  | lowing:  |   |  |
| A. If amending name, enter the new name of  | of the limited liab  | oility company here                           |  |
| The new name must be distinguishable and contain the  | words "Limited Liabi   | lity Company," the desig                      | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  |  | 3600 MYSTIC PO                                | DINTE DR                                   |
|   |  | AVENTURA, FL 33180                            |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  | 3600 MYSTIC PO                                |  |
| B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address: | registered office :<br>ess here:<br>NATALYA FII<br>3600 MYSTIC | RAYNER<br>POINTE DR                           | ords, enter the name of the new registere  |
|   | AVENTURA   |   | Florida _ <sup>33180</sup>                 |
|   |  | 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.

Watalya Firaypar
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>        | <u>Address</u>              | Type of Action |
|--------------|--------------------|-----------------------------|----------------|
| AMBR         | RONALD R COLANDREA | 3600 MYSTIC POINTE DR, 1117 | □Add           |
|              |                    | AVENTURA, FL 33180          | ■Remove        |
|              |                    |                             |                |
| AMBR         | NATALYA FIRAYNER   | 3600 MYSTIC POINTE DR       | <b>=</b> Add   |
|              |                    | AVENTURA, FL 33180          | □Remove        |
|              |                    |                             | □Change        |
|              |                    |                             | □Add           |
|              |                    |                             | Remove         |
|              |                    |                             |                |
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|                        |  |  |                                |                          |  |  |
| Effect<br>(If an ef    | <b>ive date, if other th:</b><br>fective date is listed, the d | an the date of fi<br>late must be specific | iling:<br>c and cannot be prio | r to date of filing or n | option (option) (option) (option) (option) | nal)<br>ling.) Pursuant to 605,0207 (3 |
| Note:                  | If the date inserted in  | this block does n                          | not meet the appli-            | cable statutory filir    | g requirements, this                       | fate will not be listed as th          |
| docun                  | ient's effective date on                                       | the Department                             | of State's records             | 5.                       |  |  |
|                        |  |  |                                |                          |  |  |
| the recor<br>ord is fi | d specifies a delayed e<br>led                                 | :ffective date, but                        | not an effective (             | time, at 12:01 a.m.      | on the earlier of: (b)                     | The 90th day after the                 |
|                        |  |  |                                |                          |  |  |
| Docal                  | June 21  |  | 2023                           |                          |  |  |
| Dated                  |  |  | ·                              | ·                        |  |  |
|                        |  |  | Natal                          | - <del>-</del>           |  |  |
|                        |  |  |                                | IO. T. IN BUILDING       | 9  |  |
|                        |  | Signature (                                | of a member or aug             | orized representative    | t<br>of a member                           |  |
|                        |  | Signature (                                | V                              | orized representative    | of a member                                |  |

Filing Fee: \$25.00