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## **COVER LETTER**

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Name of Limited Liability Company  The enclosed Articles of Armendment and fee(s) are submitted for filing.  Please roturn all correspondence concerning this matter to the following:  Elsie Rodriguez  Name of Person  API - PROCESSING-LICENSING, INC.  Firm/Company  3419 GALT OCEAN DRIVE SUITE A  Address  FORT LAUDERDALE FL 33308  City/State and Zip Code elsie@apiprocessing.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  Name of Person  Area Code  Daytime Tolephone Number  Enclosed is a check for the following amount:  Escioned is a check for the following amount:  Second Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	STA	ar line p	LUMBING LLC			
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Please roturn all correspondence concerning this matter to the following:    Elsie Rodriguez				•		
Elsie Rodriguez  Name of Person  API - PROCESSING-LICENSING, INC.  Firm/Company  3419 GALT OCEAN DRIVE SUITE A  Address  FORT LAUDERDALE FL 33308  City/State and Zip Code elsie@apiprocessing.com  E-mail address: (to be used for iture annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	The enclosed Art	icles of Am	endment and fee(s) are sub	mitted for filing.		
Name of Person  API - PROCESSING-LICENSING, INC.  Firm/Company  3419 GALT OCEAN DRIVE SUITE A  Address  FORT LAUDERDALE FL 33308  City/State and Zip Code elsie@apiprocessing.com  E-mail address: (to be used for iture annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Please roturn all e	corresponde	nce concerning this matter	to the following:		
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Address  FORT LAUDERDALE FL 33308  City/State and Zip Code elsie@apiprocessing.com  E-mail address: (to be used for litture annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  Name of Person  Area Code  S555.00 Filing Fee □ \$30.00 Filing Fee & □ \$555.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certificate of Status  Mailing Address:  Street Address:				Name of Person		<del></del>
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City/State and Zip Code elsie@apiprocessing.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ    Soft				Address		
elsie@apiprocessing.com  E-mail address: (to be used for thrue annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  at (			FO	RT LAUDERDALE PL 3	33308	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ELSIE RODRIGUEZ  Street Address:  ELSIE RODRIGUEZ  Area Code  Paytime Telephone Number  Sequence of Person  Area Code  Daytime Telephone Number  Sequence of Sequenc			-	City/State and Zip Code	<del></del> -	<del></del>
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Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAR LINE PLUM	MBING LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 01/18/2023 and assigned
Florida document number L23000034582	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words 'Limited 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 ADDRESS)	2
	9 7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<b>1</b>
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77. 76. 31. 11. 11. 11. 11. 11. 11. 11. 11. 11	7
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Elorida 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

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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
AMBR	DEAN A KASPEREK	9547 Lake Serena Drive	
		Boca Raton FL 33496	□Remove
		<del></del>	©Change
			□Add
			Ramove
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)( fod as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	ar the
Dated 2/9/23	
Signature of a member or authorized representative of a member	
·	