Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110000069 : (954)567-2013

Fax Number

: (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REDLIN PLUMBING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Registration Section

TO:

COVER LETTER

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| Division of (| Corporations | | | | |
|---|---|--|---|--------------|------------|
| | V PLUMBING LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| | of Amendment and fee(s) are sul | | | | |
| r isase rotein an cone. | spondence concerning and matter | to the following. | | | |
| | Annette Mota | | | | |
| | | Name of Person | | _ | |
| | API Processing - Licensin | ng, Inc. | | | |
| | | Firm/Company | | _ | - , , - |
| | 3419 Galt Ocean Drive St | aite A | | | |
| | | Address | | - : | ယ် |
| | Fort Laudordale FL 33308 | 3 | | | AX 10: 34 |
| | | City/State and Zip Code | | | Ö |
| | annette@apiprocessing.cor | n (to be used for future annual report not | tication) | (L) | +- |
| For further information | n concerning this matter, please o | | | | |
| Annette Mota | | at () 567-0013 x Area Code | 12 | | |
| Nam | e of Person | Area Code Daytim | o Telephone Numbe | ır | |
| Enclosed is a check fo | r the following amount: | · | | | |
| ≤ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Cortificate of Status | S55.00 Filing Fee & Certifled Copy (additional copy is enclosed) | Certified | ate of Statu | |
| Mailing Add Registration Division of P.O. Box 6 Tallahassee | n Section Corporations 327 | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tailahassee, FL | porations `allahassee e Street, Suite 8 | 310 | |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REDLIN PLUMBING LLC | |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited i | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 01/26/2023 and assigned |
| Florida document number L23000050188 | |
| This amendment is submitted to amend the following: | (Name of the Limited Liability Company as it now appears on our records) (A riorida Limited Liability Company) for this Limited Liability Company were filed on 01/26/2023 and assigned 23000050188 It to amend the following: In the new name of the limited liability company here: able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, LLC" address, if applicable: UST BE A STREET ADDRESS) if applicable: (POST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new registered ered office address here: |
| A. It amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C" |
| Enter now principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | 100 H |
| (Muiling address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | nddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Esyste Florida strest address |
| | Marile. |
| | |
| 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.

It Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|---------|---------------------------------------|-----------------------|--|
| MGR | JESSICA REDLIN | 140 RIDGEMONT DR. | Add |
| | | LEHIGH ACRES FL 33972 | ≅Remove |
| | | | Change |
| MGR | ALEXANDER RYAN REDLIN | 140 RIDGEMONT DR. | ■Add |
| | | LEHIGH ACRES FL 33972 | □Remove |
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| ective date, if other than the date of filing: | (optional) | |
| s effective date is listed, the date must be specific and cannot be prior to | date of filing or more than 90 days after filing.) Pursu | ant to 605.00 |
| te: If the date inserted in this block does not meet the applicab tument's effective date on the Department of State's records. | ole statutory filing requirements, this date will n | ot be listed |
| • | | |
| cord specifies a delayed effective date, but not an effective time | e, at 12:01 a.m. on the earlier of: (b) The 90th | day after t |
| s filed. | | |
| Aug 6, 2024 | | |
| D D.A., | . · | |
| Rysh Radlin (Aug 6, 2024 16:19 EDT) | | |

Typed or printed name of signee