

L23000059195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

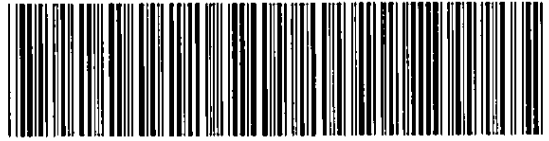
(Document Number)

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08/04/23-HC 011-001 **35.00

FILED
23 AUG -4 AM 4:24
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2023

ERICK R. ALDAMA DIAZ
5811 BLOSSOM AVE
TAMPA, FL 33614 US

SUBJECT: ~~E~~SHARK PLUMBING LLC.
Ref. Number: L23000059195

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please specify the type of action concerning the authorized persons section of the document.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

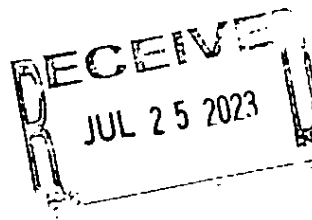
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 623A00009827

please change name to E. SHARK plumbing LLC.



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ESHARK PLUMBING LLC

23 AUG -4 AM 4:24

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/01/2023 and assigned Florida document number L23000059195.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

E. SHARK PLUMING LLC

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:

5811 BLOSSOM AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA 33614

Enter new mailing address, if applicable:

16009 GRASS LAKE DR.

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FLORIDA 33618

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KATIA MEDINA ALONSO

New Registered Office Address:

16009 GRASS LAKE DR

Enter Florida street address

TAMPA

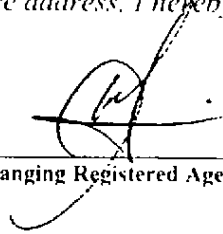
City

Florida 33618

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, 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>	<u>Type of Action</u>
MGR	ERICK RAUL ALDAMA DIAZ	5811 BLOSSOM AVE	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATIA MEDINA ALONSO	16009 GRASS LAKE DR	<input type="checkbox"/> Add
		TAMPA FLORIDA 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE : MAKE THE CORRECTION NAME OF THE COMPANY

- PLEASE: ADD A PERIOD (.) BETWEEN THE E. AND S IN THE COMPANY NAME

" E. SHARK PLUMBING LLC"

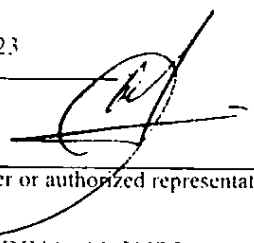
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 the record is filed.

Dated MAY 30 2023



Signature of a member or authorized representative of a member

KATIA MEDINA ALONSO

Typed or printed name of signee