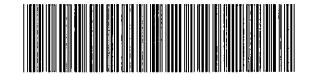
## 1240004775

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March 1, 2024

JOSEPH J DELCORVO 1115 NW 19TH STREET CAPE CORAL, FL 33993

SUBJECT: PLUMBER JOE LLC Ref. Number: L23000104775

We have received your document for PLUMBER JOE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and date the last page.

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.

Letter Number: 224A00004549

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plumber Joe LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:
Joseph N Delcorvo
Plumber Jue ILC Firm/Company
1115 NW 19th Street Address
City/State and Zip Code  Dlun/Der ive 239 agmil, Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carnelina Deliso, Bookkeeper at (954) 401-5392  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Plumber	Joe LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Comparation document number <u>L 23000 104775</u> .	ny were filed on O2 27 23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	nization for this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N.
(Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u>Co</u>	Pe Corol Florida 33993 Zip Code
at Darisand Annal Standard if changing Registered Age	nt:

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.

W Chapping 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Abbott, Blake A	2345 Jeffcott St Ft Myers F1 33901	🗀 Add
		- THINKERS PT JOHN	Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			□ ∧dd
			☐Remove .
			Change
			ElRemove
			∐Change
			□Add
			□Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i ffacti	we date, if other than the date of filling:
Note:	ve date, if other than the date of filing:  21 24 (optional) etive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated_	
	Signature of a member of authorized representative of a member
	$\sim$

Filing Fee: \$25.00