L23000180537

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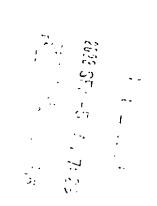
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A. RIVERS
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COVER LETTER

	Registration So Division of Cor		-	
SHD IU	****	ONE PUMBLING LLC		,
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JASON TORRES		
			Name of Person	
			Firm/Company	
		1060 RIVER OTTER WA	Y	
			Address	
		DELAND, FL 32720		
		swifty380@gmail.com	City/State and Zip Code	- .
			to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
JAMES	NAPOLITANO		516 937-5328 at ()	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed	Lis a check for the	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		<u>Street Address:</u> Registration Sc	rction
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATOR DONE PUMBLING LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on APRIL 11, 2023	and assigned
Florida document number 1.23000180537	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
GATOR DONE PLUMBING LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	2881	
The state of the s		
Enter new mailing address, if applicable:		
••		- F2
Mailing address MAY BE A POST OFFICE BOX)		Em
	•	t t
3. If amending the registered agent and/or registered of	office address on our records, <u>enter tl</u>	
gent and/or the new registered office address here:		
		3 2
Name of New Registered Agent:		.51 .0
None Decision and Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
	CITI	$z_{AD} \cup cac$

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	
	1 acal hus
	Signature of a member or authorized representative of a member