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COVER LETTER

SUBJECT: Home Tow	n Plumbing & Drain Service, I		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joesph Brandon		
	- 1,	Name of Person	
	Home Town Plumbing &	Drain Service, LLC	
	- 74	Firm/Company	
	3214 Forkland Rd. SE		
		Address	
	Palm Bay, FL 32909		
	·	City/State and Zip Code	
	joebrandon9497@yahoo.co		. •
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	:
Donna Brandon		850 287-3990 at ()	د. حب -
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Corp	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> 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

Home Town Plumbing & Drain Service, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/24/2023}{1}$ and assigned Florida document number 1.23000202319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3214 Forkland RD SE Enter new principal offices address, if applicable: Palm Bay, FL 32909 (Principal office address MUST BE A STREET ADDRESS) 3214 Forkland RD SE Enter new mailing address, if applicable: Palm Bay, FL 32909 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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>	Type of Action
MGR	Michael Brandon	3214 Forkland Rd SE	≣ ∧dd
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fective date, if other than the	date of filing: 06/27/2023	(ор	tional)
on effective date is listed, the date must ote: If the date inserted in this blo	t be specific and cannot be prior to dat ock does not meet the applicable s	e of filing or more than 90 days aft	ter filing.) Pursuant to 605,020 his date will not be listed a
ocument's effective date on the De		sacacory ming requirements, ti	ins date will not be fisted a
	e date, but not an effective time, a	at 12:01 a.m. on the earlier of:	(b) The 90th day, after the
is filed.			
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Joseph 13	Signature of a member or authorized	representative of a member	