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| PICK-UP WAIT MAIL  |
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| (Business Entity Name)   |
| (Document Number)  |
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| Special Instructions to Filing Officer:  |
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SECRETARY OF CATE
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A. RIVERS
JUL 2 2 2023

## **COVER LETTER**

Tallahassee, FL 32314

|                 |              | istration Se<br>ision of Cor   |  |   |                          | •   |  |  |
|-----------------|--------------|--|--|---|--------------------------|---|--|--|
| CHDIE           |              | CHANGE THE NAME OF THE COMPANY AND ADD NEW MEMBER  Name of Limited Liability Company |  |   |                          |   |  |  |
| SUBJEC          | . I ;        |  |  |   |                          |   |  |  |
| The encl        | osed         | l Articles of  | Amendment and fee(s) are subm                | nitted for filing.                                      |                          |   |  |  |
| Please re       | eturn        | all correspo   | ndence concerning this matter to             | the following:  |                          |   |  |  |
|                 |              |  | ABEL ALAMEDA CARDO                           | )SA   |                          |   |  |  |
|                 |              |  | 1-1-   | Name of Person  |                          |   |  |  |
|                 |              |  | ABEL PLUMBING LLC                            |   |                          |   |  |  |
|                 | Firm/Company |  |  |   |                          |   |  |  |
|                 |              |  | 1105 WEST HUMPHREY S                         | ST  |                          |   |  |  |
|                 |              |  |  | Address   |                          |   |  |  |
|                 |              |  | TAMPA FL 33604                               |   |                          |   |  |  |
|                 |              | <u> </u>   |  |   |                          |   |  |  |
|                 |              |  | JACQUY1703@GMAIL.CO                          | M be used for future annu                               | ial report actiff        | hentian t   |  |  |
| For furth       | ier in       | iformation co  | oncerning this matter, please cal            |   |                          |   |  |  |
| ABEL A          | LA           | MEDA CAR   | DOSA   | 786 :   | 2615093                  |   |  |  |
|                 | _            | Name of  | Person                                       | Area Code   | Daytime                  | Telephone Number  |  |  |
| Enclosed        | l is a       | check for th   | e following amount:                          |   |                          |   |  |  |
| <b>■</b> \$25.0 | 00 F         | iling Fee  | ■ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing For Certified Copy (additional copy is |                          | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|                 |              | ling Address   |  |   | Address:<br>stration Sec | tion  |  |  |
|                 | Div          |  | orporations                                  | Divis   | ion of Corp              | porations   |  |  |

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ABEL PLUMBING LLC

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

(A Florida Limited Liability Company)

| (A Florida Limited)  | Liability Company)   |  |  |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on 05/11/2023 and assigned  |  |  |
| Florida document number L23000234717   |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |  |  |
| AAYODYPLUMBING LLC   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C."  |  |  |
| Enter new principal offices address, if applicable:  | ABEL ALAMEDA CARDOSA   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 1105 WEST HUMPHREY ST  |  |  |
|  | TAMPA FL 33604   |  |  |
|  |  |  |  |
| Enter new mailing address, if applicable:  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |
|  | ALCO SEC 23  |  |  |
|  |  |  |  |
| B. If amending the registered agent and/or registered office a   | 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   |  |  |
|  | , Florida  |  |  |
|  | Cuy Zip Code   |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |  |  |
| If Chan  | nging 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 |
|--------------|-------------------------|-----------------------------------|----------------|
| AMBR         | YUEDISEL GONZALEZ ROMER | 12422 HIDDEN BROOK TAMPA FL 33624 | <b>=</b> Add   |
|              |                         |                                   | □Remove        |
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| Effecti                    | ve date, if other than the date of filing: (optional)   |
| (If an effe                | ctive 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
|                            | ent's effective date on the Department of State's records.  |
|                            |   |
| the record<br>cord is file | 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 ed.  |
|                            |   |
| Dated_                     | <u>5/19</u> 2023  |
|                            | ff.   |
|                            | Signature of a member or authorized representative of a member  |
|                            |   |
|                            | Abel Alameda Cardosa Typed or printed name of signee  |

Filing Fee: \$25.00