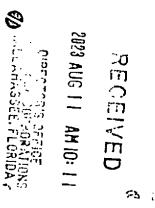
L23000280594

	(Doguestada Noma)	.
	(Requestor's Name)	
	(Address)	
	(Address)	
	(
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Emily Name)	
	(Document Number)	
Certified Copies	Certificates of Status _	
,	-	
Special Instructions to	Filing Officer:	

Office Use Only



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S. ROSERTS AUG 1 4 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME All Yo	u Need Plumbing LLC
DOCUMENT NUMBE	R
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxx	Plain Copy Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Inclading Annual Reports) Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	ATION
NUMBER OF CERTIFIC	PATES REQUESTED
TOTAL OWED \$ 25.0	0 ACCOUNT # 120160000072
Please call Tina at	the above number for any issues or concerns. Thank you so much!

COVER LETTER

2 1 W

TO:

Registration Section Division of Corporations

SUBJECT:		eed Plumbing LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	<u> </u>
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please co	all:	
c/o ZenBus	iness INC		844 493-6249 at ()	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for tl	ne following amount:		
\$25.00 1	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)
Re	iling Addres	Section	Street Address: Registration Sc Division of Co	
Division of Corporations P.O. Box 6327		The Centre of	•	
Tallahassee, FL 32314			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All You Need Plumbing 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 $\frac{06/22/2023}{1}$ and assigned Florida document number L23000280594 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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
AMBR	ESPERANZA M Conner	6271 COPPER LEAF LN	= Add
		Naples, FL 34116	□Remove
			□Change
			□Add
			□Remove
			Change
		·	□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			□Change
			Remove
			□Change
		<u></u>	Remove
			□Change

ę	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, (If an effective date	if other than the date of filing:
	etive date on the Department of State's records.
he record specifies ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2023
/s/Tra	ivis Conner
	Signature of a member or authorized representative of a member
Travi	s Conner, Member
	Typed or printed name of signee

Filing Fee: \$25.00