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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: GRAVITY	PLUMBING LLC	5 11 10 C	
	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:	
	DINCER AKIN OZAYDE	N	
		Name of Person	
	GRAVITY PLUMBING E	LC	
		Firm/Company	
	3690 INVERRARY DR. #	2G	
		Address	<u></u> د
	LAUDERHILL, FL 33319		, <u></u>
		City/State and Zip Code	
	AKINOZAYDIN@HOTM		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
DINCER AKIN OZAYE	DIN	954 736-6983 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	-	Division of Cor	•
P.O. Box 632 Tallahassee, I		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)
2/2023 and assigned
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ignation "LLC" or the abbreviation "L.L.C."
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ords, enter the name of the new regist
a 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.

City

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	DINCER AKIN OZAYDIN	3690 INVERRARY DR. #2G, LAUDERHILL FL 33	3 ■Add
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		 	□Remove
			_ □Change : 3 : 3 _ □Add
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			□Change

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e: If the date inserted in this b	lock does not meet the ap	plicable statutory fili		
iment's effective date on the E	Department of State's reco	rds.		
	on the book and a constant			The 00d decree of and
ord specifies a delayed effective filed.	ve date, out not an effective	e une, at 12:01 a.m.	. on the earner of: (D)	rne som day aner tr
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d JUNE 14	2023	·		, 3
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	Signature of a member or a			

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Filing Fee: \$25.00