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COVER LETTER

TO: Registration Section Division of Corporations
Caradae Phinipina LIC.
SUBJECT: Charoner Plumbing LLC Name of Himited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ralin Crardner Name of Person
Firm Company
Firm Company
219 NW Natalie WCT 1
Address
Lake City FL 32055 City/State and Nip Code
City/State and Zip Code
(Ollin up do et Gynn on icon British address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rollin Crardnec at (380) 4000 - 8044 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(zordner Plumbio		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L3300028</u> 6888	Company were filed on <u>OUL</u>	3 202.3 and assigned
This amendment is submitted to amend the following:	·	
rais amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	ı
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ttion "L.L.C" or the abbreviation "L.LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		(-)
		:0
		:21
Enter new mailing address, if applicable:		ç;
(Mailing address MAY BE A POST OFFICE BOX)		-t-a
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code

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 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

Title	Name	Address	Type of Action
MUR	Rdlin Crardne	214 NU Natalize way	.
		Lute eity FL 32055	□Remove
- 			□Add
			□Remove
			□Change
			□Add
			©Remove
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			Jadd
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			□Change

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m effec <u>ote:</u> Ti	tive date, if other than the date of filing:)20# 1 as
record is filed	specifies a defayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.	the
ued <u>. İ</u>	2/12/23	
	Pala de	
	Rollin Czermer Typed or printed name of signee	