# Florida Department of State Division of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@activatemylicense.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF TO BAY PLUMBING LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

2023 JUL -7 PM 2: 44 SECRETARY OF STATE TALL ARESSEE, ELEPTE

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Corporate Filing Menu

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JUL 1 () 2023 K. Brumbi=y From: Kign Ritter

Fax: 18139325244

To:

Fax: (850) 617-6383

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#### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: GULF TO BAY PLUMBING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIM RITTER

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

23110 SR 54 PMB 336

Address

LUTZ, FL 33549

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM RITTER

813

932-5244

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF TO BAY PLUMBING	LLC			<del></del>	
(Name of the Limite)	A Florida Limited L	ny as it now appears on Jiability Company)	our records.		
The Articles of Organization for this Limited Lia Florida document number L23000310537	bility Company	were filed on <u>6/28/20</u>	)23	and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liab	llity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company." the design	nation "LLC" or the at	bbreviation "L.I.	C."
Enter new principal offices address, if applica	ble:	274 SUNSHINE RD			
(Principal office address MUST BE A STREET ADDRESS)		PORT ST JOE, FL 32456			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>	274 SUNSHINE RE PORT ST JOE, FL			
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	address on our recoi	ds, <u>enter the nan</u>	ne of the new	registered
Name of New Registered Agent:	STEPHEN WH	ITEN		13 CR	<u></u>
New Registered Office Address:	274 SUNSHIN			Size 1	
		Enter Florida s	treet address	### <b>29</b>	
	PORT ST JOE		, Florida	245€/√ <del>-</del>	
		City		新 Zup Code	
New Registered Agent's Signature, if changing R	egistered 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

From: Kam Ritter

Fax: 18139325244

To:

Fax: (850) 617-6383

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### 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
MGR	STEPHEN WHITEN	274 SUNSHINE RD	□Add
		PORT ST JOE, FL 32456	
		<del></del>	□Add
			□Remove
	<del></del>	□Change	
			□Add
			□Remove
		□Change	
		<del> </del>	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

To:

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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<del></del>	
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<del></del>	
Note: If	edate, if other than the date of filing:  (optional)  ive 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 (3)0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
if the record : record is filed	pecifies 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	7/7/23
_	A A
	Signature of a member or authorized representative of a member
	STEPHEN WHITEN
	Typed or printed name of signee