L23000353250

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08/07/23--01019--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plumbing Libility Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Trana C. Varavez	
Name of Person	
16856 SW 109th Pace	
Miami Address 33157	
E-mail address: (To be used for future annual report notification)	1
For further information concerning this matter, please call:	
Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)	

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

ARTICLES OF AMENDMENT

ARTICLES OF OF	DOWNIZATION STATES
	RGANIZATION AUG STO
en Plumbic	O CCISTOSTAIS
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L3000353</u> 56	vere filed on 7/26/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Same name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	<ame_< th=""></ame_<>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	
Name of New Registered Agent:	na C. Vazavez Game
New Registered Office Address:	Enter Florida street uddress

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

Florida

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
lice resident	<u>Cristian M. Fuer</u>		DAAdd
resident		Miami FC 33157	□Remove
			□Change
			□ Add
ı			□Remove
· .			Change
			□Add
			□Rcmove
			□Change
			□Add
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			□Change
_			🗋 Add
			□Remove
			□Change

). II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: The proof of the content of the date of the content of the 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd 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 led.
Dated	7/36/3023
	Signature of a member of authorized representative of a member
	Doc Of a member of authorized representative of a member
	Typed or printed name of signee