L 23000437796

	_	
(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	·
(
(Cr	ty/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
	-1	
(Bi	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500417277495

10/17/23--01014--015 **60.00

2023 OCT 17 EH 7: 42

C/ 10/25/2023

COVER LETTER

TO:

TO: Registration : Division of Co				
	PLUMBING LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	LUIS D GOLAN			
		Name of Person	 	
	VIKING PLUMBING LL	С		
		Firm/Company		
	8243 GREENLEAF CIR			
	/ 	Address		
	TAMPA, FL 33615			
		City/State and Zip Code		
	VIKINGPLUMBINGFL@			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
LUIS D GOLAN		708 573-7902 at (
Name	of Person		Telephone Number	
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		-	Division of Corporations The Centre of Tallahassee	
Tallahassee,			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 17 AH 7: 42

VIKING PLUMBING LLC		
(Name of the Limited	Liability Company as it now appears on ou V Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lial		and assigned
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B		
Stating data ess BIZT BLZITOST OF THE BY		
		
3. If amending the registered agent and/or reg gent and/or the new registered office address		, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SARAH MARTINEZ PRIMO	8243 GREENLEAF CIR TAMPA, FL 33615	≡ Add
			□Remove
			[] Change
			iI]Add
			□Remove
		DChange	
		🗆 Add	
			□Remove
		□Change	
			🗀 Add
			□Remove
			Change
		🗆 Add	
	····	□Remove	
		□Change	
		□Add	
			□Remove
			□Change

_	
_	
_	
<u>Note:</u> 11	e date, if other than the date of filing:
e record rd is file	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 L.
Dated _	10/11/2023
	Signature of member or authorized representative of a member
	JUIC DAVIEL Golen Typed or printed name of signee