## L 73000440693

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

): Registration Sect Division of Corpo			
вјест: <u>З</u> <u>З</u> /		on & Pumbing United Liability Company	LC
e enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
	lence concerning this matter	_	
ase retain an correspond	tence concerning and matter	to the fellowing.	
	Gamel A	CURC Name of Person	
	3 Stars I	rrigation & Plum	nbing uc
	junia mooda	atd Cae Ct Address	<del></del>
	Winter Gard	en, Florida 347 City/State and Zip Code	187
	Gyange Iun O Brail address: (1	Yahoo · Con to be used for future annual report notifications.	ation)
further information con	cerning this matter, please ca	all:	
iamel Youn	QC Prison	at (18) 675. 91  Area Code Daytime T	165 347-601-2062 Telephone Number
closed is a check for the	following amount:		
≰\$25.00 Filing Fec	□ \$30.00 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 Address: Registration Se		Street Address: Registration Secti	
Division of Cor	porations	Division of Corpo	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

3 Stars Torigation (Name of the Limited Liability Compa	e Plumbing CCC	
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	
e Articles of Organization for this Limited Liability Company orida document number <u>L8300044069</u>	were filed on $9/6/8$	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ility company here:	
1 01 7 1. 01	mbing LLC	reviation "L.L.C."
iter new principal offices address, if applicable:	; <del>1</del>	26
rincipal office address MUST BE A STREET ADDRESS)		723 QCT
•		6
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX		± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	iddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City·	Zip Code
w Registered Agent's Signature, if changing Registered Agent:		

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

## GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Add
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	<del></del>	□ Add	
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f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an eff <u>(ote:</u>	ive date, if other than the date of filing:
recor l is fi	d 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.
ated	11/02/23
	Signature of a member or authorized representative of a member
	Gamel A. Louise Typed or printed name of signee