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COVER LETTER

	istration Sec sion of Corp			
	Pipeflow So			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Frederick Russo		
		 	Name of Person	
		Pipeflow Solutions		
			Firm/Company	
		1638 Whitney Isles Dr		
			Address	
		Windermere, FL 34786		
			City/State and Zip Code	
		Frederick@pipeflowsolutio		
		E-mail address: (to be used for future annual report notification	n)
For further in	formation co	ncerning this matter, please c	ali:	
Frederick Ru	isso		407 342-2066 at ()	
	Name of	Person	Area Code Daytime Tele	phone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	□ \$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)
	ling Address		<u>Street Address:</u> Registration Section	ı
		orporations	Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our records.) d Liability Company)	
ny were filed on February 7th 2024	and assigned
ability company here:	
ability Company," the designation "LLC" or the	abbreviation "L.L.C."
e address on our records, <u>enter the ns</u>	ame of the new registere
	
Enter Florida street address	, , , , , ,
, Florida	
City	Zip Code
<u>nt:</u>	
	ability company here: ability Company," the designation "LLC" or the d

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

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
AMBR	Oscar Moran	15705 Oak Leaf Run Dr	
		Lithia Fl. 33547	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			DAdd
		. ,	Remove
			Change

Page 2 of 3

in amending any other throwns	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		· · · · · · · · ·

If an effective date is listed, the date must	date of filing:	ant to 605.0207 of be listed as
he record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on thord is filed.	e earlier of
September 3rd Dated	. 2024	
	D	
<u>-</u>	Signature of a member or authorized representative of a member	
Pandard 1-15		
Frederick Russo	Typed or printed name of signee	

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Filing Fee: \$25.00