## 24 0000 72423

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024FEB 20 AM 8: 17

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Water Cow	boy Plumbing LLC				
SUBJECT: Name of Limited Liability Company					
The analoged Articles of	Amendment and fee(s) are sub	emitted for filing			
Please return all correspo	indence concerning this matter	to the following:			
	Samuel Garcia				
	Name of Person				
	Water Cowboy Plumbing				
		Firm/Company			
	26450 SE Highway 42				
		Address			
	Umatilla FL 32784				
	<del></del>	City/State and Zip Code	<u> </u>		
	watercowboyplumbing@gr				
		to be used for future annual repor	t notification)		
For further information c	oncerning this matter, please c	all:			
Samuel Garcia		352 360-809			
Name o	f Person	at () Area Code Da	sytime Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Addres Registration			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Water Cowboy Plumbing LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company)	1
he Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{2/08/2024}{}$	and assigned
lorida document number 1.24000072423		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		702
nter new mailing address, if applicable:		FEB 2
Mailing address MAY BE A POST OFFICE BOX)		7. T
		EE C
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our records, enter th	te name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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
MGR	Samuel Garcia	26450 SE Highway 42	<b>=</b> Add
		Umatilla FL 32784	□Remove
			□Change
AMBR Stacia G	Stacia Garcia	26450 SE Highway 42	□Add
		Umatilla FL 32784	■ Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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Note: 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 _	2/15 2024  Signature of a member or authorized representative of a member
	A Trace
	Signature of a member or authorized representative of a member
	Stacia Garcia
	Typed or printed name of signee

. . .

Filing Fee: \$25.00