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COVER LETTER

| TO: | | | | | : |
|-----------------|--------|--|---------------------------------|--|--|
| SUBJE | CT: | HERMENE | GILDO GENERAL PLUMBI | ING LLC | |
| | | | Name of Lim | ited Liability Company | |
| The enc | losed | Articles of A | amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn | Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: RODRIGUEZ. HERMENEGILDO Name of Person HERMENEGILDO GENERAL PLUMBING LLC Firm/Company 17360 SW 232TH ST LOT 55 Address MIAMI FLORIDA City/State and Zip Code 33170 Email address: (to be used for future annual report notification) formation concerning this matter, please call: ILDO GENERAL Name of Person at (786 Area Code Daytime Telephone Number Scheck for the following amount: ling Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed) ing Address: Street Address: | | | |
| | | | RODRIGUEZ, HERMEN | EGILDO | |
| | | | | Name of Person | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | HERMENEGILDO GENE | ERAL PLUMBING LLC | |
| | | | | Firm/Company | |
| | | | 17360 SW 232TH ST LOT | r 55 | |
| | | RODRIGUEZ, HERMENEGILDO RODRIGUEZ, HERMENEGILDO Name of Person HERMENEGILDO GENERAL PLUMBING LLC Firm/Company 17360 SW 232TH ST LOT 55 Address MIAMI FLORIDA City/State and Zip Code 33170 City/State and Zip Code 33170 E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: ################################## | | | |
| | | | MIAMI FLORIDA | GENERAL PLUMBING LLC Firm/Company ST LOT 55 Address City/State and Zip Code COSCIOCALY AD HOLD COM dress: (to be used for future annual report notification) | |
| | | | 1/((1970) | ana 14@ hotmail.co | JN |
| For furth | ner in | formation co | ncerning this matter, please co | all: | |
| HERMI | ENEC | GILDO GENI | ERAL | at (786) 2597747 | |
| - | • | Name of | Person | | elephone Number |
| Enclosed | d is a | check for the | following amount: | | |
| □ \$ 25. | .00 Fi | ling Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | ing Address: istration Se | | Street Address: Registration Section | on |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HERMENEGILDO GENERAL P | LUMBING LLC | (5) |
|--|--|---|
| (<u>Name of the Lim</u> | Ited Liability Company as it now appears on o (A Florida Limited Liability Company) | ur records.) |
| | | <u>, = ::</u> |
| The Articles of Organization for this Limited I | Liability Company were filed on 07/29/20 | |
| Florida document number L24000101978 | · | 3 |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| HERMENEGILDO GENERAL PLUMBING LL | С | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable. | |
| • • | | |
| <u>Principal office address MUST BE A STRE</u> | ET ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | ··· | |
| Mailing address MAY BE A POST OFFICE | (BOX) | |
| | | |
| | | |
| B. If amending the registered agent and/or | registered office address on our record | s, enter the name of the new registe |
| agent and/or the new registered office addre | | o, enter the name of the new regist |
| | | |
| Name of New Registered Agent: | RODRIGUEZ, HERMENEGILDO | |
| New Registered Office Address: | 17360 SW 232TH ST LOT 55 | |
| | Enter Florida str | eet address |
| | MIAMI | , Florida ³³¹⁷⁰ |
| | 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.

Hemenegilas 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> | Name | Address | Type of Action |
|--------------|-------------------------|--------------------------|----------------|
| MGR | RODRIGUEZ, HERMENEGILDO | 17360 SW 232TH ST LOT 55 | ≘Add |
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| culter selective date on the Department of State's records. | |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b | The 90th day after to |
| is filed. | , The John day and |
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