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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	orations		
AK P	lumbing LLC		
SUBJECT: Z \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_ Matthew 7cla AK Plymbin	2MM Name of Person 4 LLC	
		Firm/Company	
	6916 77th J	estace N Address	
	Pinellys Park Matty K 0712 K-mail address: (1)	City/State and Zip Code City/State and Zip Code City/State and Zip Code	ification)
For further information cor	ncerning this matter, please co		
Mathew Kl Name of F	<u>emm</u> Person	at (727) 33 Area Code Daytin	1-352 ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing 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)
Mailing Address: Registration Se Division of Co	ection rporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 6327		The Centre of T	[allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000252681</u>	ompany were filed on	3/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	atton "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		. Florida
 -	City:	, FIOFIGA 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, 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
<u>C</u>	Arthur, Sayuel W	7458 118th Drive Larg	U.FL DAdd
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	Samuels Last NAME was M.S. Spelt this is the
	correct information.
	
	
(If an el Note:	tive date, if other than the date of filing:
the reco	rd 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 filed.
Dated	11/12/30
	Must Dela /
	Signature of a member or authorized representative of a member

THE PARTON