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## COVER LETTER

TO: Registration Section

Division of Co	rporations		
	PLUMBING & BACKFLOW	SERVICES, LLC	
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	Name of Person  PLUMBING & BACKFLOW SERVICES, LLC  Firm/Company  Address  DD. FL. 32750  City/State and Zip Code  EROMANOS@GMAIL.COM  -mail address: (to be used for future annual report notification)  atter, please call:  at (	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS H GEROMAN	OS II	
		Name of Person	
	PREMIER PLUMBING &	BACKFLOW SERVICES, LLC	
	<del>.</del>	Firm/Company	- · · · · · · · · · · · · · · · · · · ·
	112 ROCK LAKE RD		
		Address	
	LONGWOOD, FL. 32750		
		•	<del></del>
		•	· (***
<b>5</b> 6 4 3 6 3		-	ification)
For further information c	oncerning this matter, please c	ali:	
THOMAS GEROMANO	OS		
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration St. Division of C. P.O. Box 632	Section Corporations	Registration Se Division of Co	rporations
Tallahassee. I	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER PLUMBING & BACKFLOW SERVICES, LLC	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.)  / Company)
The Articles of Organization for this Limited Liability Company were labored document number L24000257084	filed on 06/05/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	24
<del></del>	
Enter new mailing address, if applicable:	Table 1
Mailing address MAY BE A POST OFFICE BOX)	<u>ش</u>
maning university MAT BE A 1 051 01 TICE BOAT	<u> </u>
<del></del>	
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:  Name of New Registered Agent:	ss on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent.	
New Registered Office Address:	Control Physical Associated Associated
	Enter Florida street address
	, Florida
Ci	ity 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
MGR	THOMAS H GEROMANOS II	112 ROCK LAKE RD. LONGWOOD, FL. 32750	<b>=</b> Add
			□Remove
			□Change
AMBR	JUDY M GLAZE	314 E LAKE AVE. LONGWOOD, FL. 327520	<b>=</b> Add
			□Remove
			[] Change
			🗆 Add
			□Remove
			□Change
<del></del>	<del></del>		□Add
			□Remove
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			□Remove
			🗆 Change
			□Add
		<del> </del>	□Remove
			□Change

ir amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del>-,,</del>		
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	e date of filing:  (optional)  ast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 clock does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	207 (   as t
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
JULY 29	2024	
	··	
-M	Signature of a member or authorized representative of a member	
THOMAS H GEROMA	A NOS II	