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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
BR1 Plumb	oing LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omuted for filing.	
	ondence concerning this matter	_	
		- -	
	Bruno Matassini-Nunez		
		Name of Person	
	BR1 Plumbing LLC		
		Firm/Company	
	1561 West Frostproof Roa	nd	
		Address	
	Frostproof, FL, 33843		
	·	City/State and Zip Code	
	brlplumbingllc@gmail.cor		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all;	
Bruno Matassini-Nunez		407 873-3937	
Name o	Person		ne Telephone Number
Enclosed is a check for th	ne fallowing amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	THESE OF PURSOR THE R	C 640.00 P. F
\$25.00 Fitting 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR1 Plumbing LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/06/2024 ____ and assigned Florida document number 1.24000390663 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida _

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
P	Daniel O. Matassini-Martinez	1561 West Frostproof Road, Frostproof, FL, 33843	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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Note: If the	te, if other than the date of late is listed, the date must be spe date inserted in this block do ffective date on the Departm	ies not meet the appli	cable statutory filing red	(optional) han 90 days after filing.) Pu quirements, this date wil	rsuant to 605,0207 (I not be listed as t
	fies a delayed effective date,	but not an effective	time, at 12:01 a m. on th	ne earlier of: (b) The 90	Oth day after the
record spec d is filed.					
'd is filed. 09/14	2024		<u>)</u> .		
d is filed.		B A	norized representative of a	member	

Filing Fee: \$25.00