L21000291454

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A. RAMSEY

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
cub ica		ECOSTA PLUMBING & IRRIGATION, LLC					
SUBJEC	.i:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
			Cari-lynn Mojena				
			Name of Person				
		E Co	sta Plumbing & Irrigation, LLC				
			Firm/Company				
			7010 Geogia Ave				
			Address				
		W	est Palm Beach, FL 33405				
			City/State and Zip Code				
			ri@ecostaplumbing.com to be used for future annual report noti	(Fontion)			
For furth	er information c	oncerning this matter, please co		neation			
	Cari-lynn	Mojena	561 588-2226				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for th	he following amount:					
■ \$25.	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 Addres		Street Address:				
	Registration S Division of C		Registration Se Division of Co				
	P.O. Box 632		The Centre of I				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2025 MAR 12 PM 12 52

	PLUMBING & IRRIGATION, LLC	<u>GENERALIE</u>
(Name of the Limited I	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.) HACSER COOPER
The Articles of Organization for this Limited Liabi	ility Company were filed on 06/23/2021	and assigned
Florida document number L21000291454		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
ECOSTA PLUMBING & GAS, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
Muning dadress MAT BE AT OST OFFICE BO		
B. If amending the registered agent and/or regi	stared office address on our records are	star the name of the new regist
agent and/or the new registered office address h		ner the name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
New Registered Office Address:	Enter Florida street ac	ldress
New Registered Office Address:		, Florida

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
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change
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<u>lote:</u> If th	ate, if other than the date of file date is listed, the date must be specifice date inserted in this block does not effective date on the Department of	ot meet the applica	o date of filing or mor ble statutory filing	(option e than 90 days after fil requirements, this d	i al) ling.) Pursuant to 605.02 late will not be listed
record sp is filed.	cifies a delayed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ated Mai	:h 5	2025		A	
		St		7	
	Signature o	of a member or author	ized representative o	f a member	
		-/ : -	hover Ribert		

Filing Fee: \$25.00