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COVER LETTER

Division of Co			
Excellen	t Plumbing LLC		
SUBJECT:	Name of Lim	ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	Michael Quintana		
		Name of Person	
	Excellent Plumbing LLC		
		Firm/Company	
1	15755 SW 218th Street		
		Address	
	Miami, Florida 33170		
		City/State and Zip Code	
	michaelquintana@proton.n	to be used for future annual report notifi	
For further information	r-man address: (concerning this matter, please c		cation)
Michael Quintana		305 833-1143	
Name	of Person	at () Area Code Daytime	Telephone Number
linelosed is a check for t	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 Addre Registration		Street Address: Registration Sec	tion
Division of O	Corporations	Division of Corp	oorations
P.O. Box 63. Tallahassee		The Centre of Ta	allahassee Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Excellent Plumbing LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears (hability Company)	on our records.)		
The Articles of Organization for this Limited L		were filed on $\frac{02/02}{1}$	2/2009	and assi	gned
•					
This amendment is submitted to amend the fol					
A. If amending name, enter the new name of	of the limited liab	ility company here	<u>e</u> :		
OSERV LLC The new name must be distinguishable and contain the			.' nt 1 ('''	ile all the maintaine of the	<u> </u>
The new name must be distinguishable and contain the	words "Limited Liabi		ignation "LLC of t	15 The about the	
Enter new principal offices address, if appli	cable:	N/A		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				C 2	
					.
				PM 12: 0F ST SEE.1	D
Enter new mailing address, if applicable:		N/A	 	777 8	
(Mailing address MAY BE A POST OFFICE	(BOX)				
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	eords, <u>enter the</u>	name of the new	v register
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
Negistered Street Stations.		Enter Floric	la street address		
			Florid	la	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u><u>:</u></u>			
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as	e performance of r provided for in Cl	ny duties, and I hapter 605, F.S.	am familiar wit Or, if this doct	h and unent is

If Changing Registered Agent, Signature of New Registered Agent

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:

Title	<u>Name</u>	Address	Type of Action
	N/A	N/A	□Add
			□Remove
			☐ Change
···		_	□Add
			□Remove
1			□Change
· · · · · · · · · · · · · · · · · · ·			□Add
1		·	□Remove
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Page 2 of 3

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ective date, if other				(option:	
e: If the date inserted	in this block doe	s not meet the applic	able statutory filir	ore than 90 days after fili g requirements, this da	
ument's effective date	on the Departme	nt of State's records	•		
	4-1 4 - 55				
record specifies a he 90th day after			ot an effective i	ime, at 12:01 a.n	i. on the earlier
	_41				
December ed	<i>8</i> ™	2022	· •		
11.	1.1.11	$\gamma_{i,i,j}$			
	/Mac/C	TUINTAIN re of a member or auth	orized representative	of a member	
£ .					

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Filing Fee: \$25.00