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(Address)				
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TO:

Registration Section

Division of Co	orporations		
	VICE LLC		
SUBJECT:	Name of Lir	nited Liability Company	
There is a later to			
•	f Amendment and fee(s) are sul	_	
Please return all corresp	ondence concerning this matter	to the following:	
	YOSEP GONZALEZ BRITO		
		Name of Person	
	PLY SERVICE LLC		
		Firm/Company	
	502 E CLEVELAND LN		
		Address	· · · · · · · · · · · · · · · · · · ·
	LEHIGH ACRES, FL 33	936	
		City/State and Zip Code	
	LADYDI5460@AOL.CON		
5 6 4 16 7		to be used for future annual report not	incation)
ror further information of	concerning this matter, please c	all:	
YOSEP GONZALEZ BRITO		239 4640481 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLY SERVICE LLC

(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our red da Limited Liability Company)	cords.) 2020	
The Articles of Organization for this Limited Liability Florida document number L15000198987	Company were filed on 11/25/2015	and assigned	
This amendment is submitted to amend the following:		S. S	
A. If amending name, enter the new name of the lin	mited liability company here:	÷ 2	
PLY SERVICE & SITE PREPARATION LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ter the name of the new registered	
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:			
-	Enter Florida street ad	dress	
	, Florida		
	City	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
			□ Add
٠			□Remove
•			□Change
			□Add
			□Remove
			□Change
 			
			□Remove
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			□Remove
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···-=			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

Typed or printed name of signee