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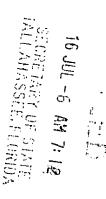
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## **COVER LETTER**

TO:

Registration Section

Divisio	on of Corpo	orations		•			
С	opper Creel	R Plumbing, LLC					
SUBJECT: _	<u> </u>	Name of Lim	nited Liability Con	ipany			
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing	•			
Please return al	l correspond	lence concerning this matter	to the following	;			
		Ralph Pressley					
			Name of P	erson	<del></del>		
		Marathon Equity LLC					
			Firm/Com	pany			
		PO Box 3630					
			Addres	s			
		Ocala, FL 34478-3630					
			City/State and	Zip Code		<del></del>	
		ralph.pressley@marathoneo					
		E-mail address: (	to be used for futu	ire annual re	port notification	on)	
For further info	rmation cor	cerning this matter, please ca	all:			•	
Ralph Pressley			352 at (		9902		
	Name of F	erson	Area (		Daytime Tele	phone Number	
Enclosed is a ch	eck for the	following amount:					
\$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional	Copy copy is enclos	sed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		-		,			
			***				
MAILING ADDRESS: Registration Section Division of Corporations			STREET/COURIER ADDRESS: Registration Section Division of Corporations				
,	P.O. Box			Clifton Bui 2661 Exect			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Copper Creek Plumbing LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000103665}{L16000103665}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2775 NW 49th Ave., Ste 205-422
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34482
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO Box 3630 Ocala, FL 34478-3630
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the ne
	16 SECO
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Co
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	₩ 1.00

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
MGR	Ralph Pressley		
			Remove
		PO Box 3630, Ocala, FL 34478	Change
MGR	Robert Boyer	709 SE 14th Ave., Ocala, FL 34471	<b>\</b> Add
			☐ Remove
			Change
			D Add
		<del></del>	Remove
		Change	
		<del></del>	D Add
			Remove
			Change
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							OWIE J. W. I.	<del></del>	
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effective date is listed, the date must e: If the date inserted in this blo	be specific ar ck does not	nd cannot be p meet the ap	plicable s	of filing or tatutory fili	more than 90 ng requirer	) days after	filing.) Pur	suant to not be i	605. liste
ument's effective date on the De	partment of	State's reco	rds.						
record specifies a delayed he 90th day after the reco			not an	effective	tíme, at	12:01 a	.m. on t	he ea	rlie
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Filing Fee: \$25.00