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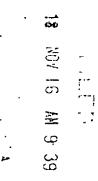
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COVER LETTER

	egistration Sec vision of Corp						
CHD IEZYD	Diamond Plu	umbing Supply of Florida LLC	•				
SUBJECT	·	Name of Limi	ited Liability Company				
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please retur	rn all correspon	dence concerning this matter	to the following:				
		Thomas Kiss					
			Name of Person				
		Diamond Plumbing Supply	ing Supply of Florida Firm/Company				
		6601 Lyons Rd Suite G 3					
			Address				
		Coconut Creek, FL 33073					
		tom@tomkiss.com	City/State and Zip Code				
		E-mail address: (t	to be used for future annual report notific	cation)			
For further	information coi	ncerning this matter, please ca	dl:				
Thomas Ki		· · · · · · · · · · · · · · · · · · ·	954 629-6888 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for the	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Plumbing Supply of Florid	ia LLC		
(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it now appears of iability Company)	n our records.)
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{10/22}{}$	2018 and assigned
Florida document number L18000248370	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	:
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS _I		6
		N/A	0 m
Enter new mailing address, if applicable:		177.1	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		., 0
B. If amending the registered agent and/oregistered agent and/or the new registered of			ur records, <u>enter the name of the</u>
Name of New Registered Agent:	Thomas Kiss		
New Registered Office Address:	6601 Lyons Rd		
		Enter Florida	street address
	Coconut Creek		, Florida 33073
		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 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>	<u>Address</u>	Type of Action
MGR	Gary Krpata	6601 Lyonas Rd Suite G 3 Coconut Creek, Fl 33073	Add
			■ Remove
			☐ Change
MGR	Cheryl Krpata	6601 Lyons Rd Suite G 3 Coconut Creek, FL 33073	□ Add
			≅ Remove
			☐ Change
			Q. Remove
			☐ Change
<u></u>			Add
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n effective c	date is listed, the date mu-	st be specific and	l cannot be prio		ing or more than '	20 days after fili	ng.) Pursuant to 605,02
	date inserted in this bleffective date on the D				a.). ming tedan	ements, this de	ite will not be listed a
	specifies a delayed day after the rec			ot an effe	ctive time, a	t 12:01 a.n	n. on the earlier
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ted	November	13	20/8				
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Filing Fee: \$25.00