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COVER LETTER

Div	ision of Cor	porations		•.
SHRTETT.	David's Me	chanical Services, LLC		
SUBJECT		chanical Services, LLC Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mark Pursell		
			Name of Person	
		David's Mechanical Servic	es, LLC	
			Firm/Company	
		31814 Morning Dew Lane		
			Address	
		Wesley Chapel, Florida 33	543	
			City/State and Zip Code	
		mark@davidsmechanicalse		
		E-mail address; ()	to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	ıll:	
Mark Pursel	1		813 489-6324	
	Name o	l'Person	at ()	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

David's Mechanical Services, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L19000039462	·	
This amendment is submitted to amend the follow	ing:	201 Se
A. If amending name, enter the new name of the		ZOIS DEC - SECRETANTALLAN
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreyiation
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab	ele:	SSEE, F
(Principal office address MUST BE A STREET)	ADDRESS)	- 56 - 56
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ce address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James H Puckett	4333 Lott Ave Plant City, FL 33567	
			Remove
			Change
			Add
			SECRETARY Charges
			Al-ASSEE, STATE Remove
			□ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change

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ective date, if of	her than the dat	te of filing: _	· · -		(optic	onal)	
reflective date is list te: If the date insecument's effective	erted in this block	does not meet	the applicable	te of filing or more statutory filing r	than 90 days after equirements, this	filing.) Pursua s date will no	int to 605.01 it be listed
record specifie he 90th day ai	es a delayed ef fter the record	fective date is filed.	e, but not ar	effective tim	e, at 12:01 a	a.m. on the	e earlier
December 4		2	019				
	Mad	The					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00