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Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	

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R. WHATE
JUN 0:2 2020

COVER LETTER

30B/ECT		Name of Lin	ited Liability Company			
The enclosed Ar	rticles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspo	ondence concerning this matter	to the following:			
	Division of Corporations WAD CAPITAL GROUP LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: MICHAEL DEMASI Name of Person C/O ACTONY, INC. Firm/Company 2424 NORTH FEDERAL HIGHWAY SUITE 411 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code INFO@ASGTAX.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: IICHAEL DEMASI Name of Person Area Code Daytime Telephone Number S255.00 Filing Fee Certificate of Status Certificate Copy Ladditional copy is enclosed! Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Ladditional copy is enclosed!					
		<u> </u>	Name of Person			
		C/O ACTONY, INC.				
			Firm/Company			
		2424 NORTH FEDERAL	HIGHWAY SUITE 411			
			Address			
		BOCA RATON, FLORIDA 33431				
		INFO@ASGTAX.COM	City/State and Zip Code			
			·	otification)		
For further infor-	mation c	oncerning this matter, please ca	ıll:			
MICHAEL DEN	MASI					
	Name of	f Person		time Telephone Number		
Enclosed is a che	eck for th	ne following amount:				
■ \$25.00 Filin	g Fee		Certified Copy	Certificate of Status &		
	Address		Street Address:			
_	ration S on of C	orporations	Registration S Division of C			
	ox 632	•	The Centre of	·		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAD CAPITAL GROUP LLC

Partle May

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		and assigned
Florida document number L19000089993	 :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
SOFLOW PLUMBING CONTRACTORS 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	NA FEC.	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register	ed office address on our records, g	enter the name of the new registere
agent and/or the new registered office address here	:	
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street	address
	<u> </u>	_, Florida
		Zip Code
New Registered Agent's Signature, if changing Register		
	ed Agent:	
I hereby accept the appointment as registered agen	t and agree to act in this capacity	. I further agree to comply with the
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and	t and agree to act in this capacity complete performance of my duti	es, and I am familiar with and
provisions of all statutes relative to the proper and accept the obligations of my position as registered i	t and agree to act in this capacity complete performance of my duti- agent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register	t and agree to act in this capacity complete performance of my duti- agent as provided for in Chapter red office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and accept the obligations of my position as registered i	t and agree to act in this capacity complete performance of my duti- agent as provided for in Chapter red office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register	t and agree to act in this capacity complete performance of my duti- agent as provided for in Chapter red office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register	t and agree to act in this capacity complete performance of my duti- agent as provided for in Chapter red office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability

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
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vote. If u	ie date inserted i	han the date of the date must be specified this block does on the Department	not meet the ap	plicable statuto	ing or more than 90 ry filing requirer	(optional days after filing nents, this date) ;.) Pursuant to 605.0 ; will not be listed)207 1 as 1
record sped is filed.	rcifies a delayed	effective date, bu	it not an effectiv	ve time, at 12:0	1 a.m. on the ear	lier of: (b) T	he 90th day after t	the
Dated MA	Y 11		. 2020	<u> </u>				
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Filing Fee: \$25.00