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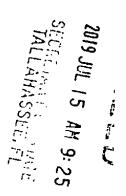
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JUL 23 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
		PLUMBING, LĹC	•	
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ROBERT D. WILSON		
		 -	Name of Person	
		WILSON & WILLIAMS	PA	
			Firm/Company	
		954 E SILVER SPRINGS	BLVD	
			Address	<u></u>
		OCALA FL 34470		
			City/State and Zip Code	
		CPA@RSSCPA.COM		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
ROBE	ERT D. WILSON		352 629-9747	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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

MID-SUN PLUMBING, LLC	• .	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000163523	,	
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 Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	745 SW 91st Place	
(Principal office address MUST BE A STREET ADDRESS)	Ocala FL 34476	
		2019 7.0.
Enter new mailing address, if applicable:	745 SW 91st Place	JUL I
(Mailing address MAY BE A POST OFFICE BOX)	Ocała FL 34476	S: 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our reco	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		, Florida <u>- </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HEATH HANNER	745 SW 91ST PLACE	
		OCALA FL 34474	
			■ Remove
			Change
			D Add
			□ Remove
			Change
			
			Remove
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			Remove
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<u> Sote:</u> III	the date ins	ther than the sed, the date mus serted in this blo date on the Do	ock does not i	meet the applic	cable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Pents, this date wi	ursuant to 605,0207 If not be listed as
e recor The 90	rd specifi Oth day a	es a delayed ofter the reco	l effective ord is filed.	date, but no	ot an effecti	ve time, at 1	2:01 a.m. on	the earlier of
Jul Jated	ly	12		. 2019	·			
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Page 3 of 3

Filing Fee: \$25.00