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## **COVER LETTER**

	Registration Solivision of Con			
SUBJEC <sup>*</sup>		G BY TOM LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		ARIANNA CARRINGTO	ON-HOOKER	
			Name of Person	
		INNOVATIVE TAX SOI	UTIONS OF CENTRAL FLORI	DA INC
			Firm/Company	
		1678 E SILVER STAR R	))	
			Address	<del> </del>
		OCOEE FL 34761		
		407-499-2967	City/State and Zip Code	
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	iffication)
ARIANN/	A CARRINGT	ON-HOOKER	407 499-2967	
	Name of	[Person		ne Telephone Number
Enclosed is	s a check for th	e 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)
Ro D P.	ailing Address egistration S ivision of Co O. Box 6321 allahassee, F	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

PLUMBING BY TOM LLC

2024 CTL 26 PH 5: 57

A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  City Zap Code  To Code	(A Florida Limited	d Liability Company)	<i>∴</i> •
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida address  City Zap Code  To Code  The Registered Agent's Signature, if changing Registered Agent:	The Articles of Organization for this Limited Liability Compan	y were filed on 109/03/2019	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida address  City Zap Code  To Code  The Registered Agent's Signature, if changing Registered Agent:	Florida document number L19000222844		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  City:  Zap Code  Test Registered Agent's Signature, if changing Registered Agent:	This amendment is submitted to amend the following:		
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	A. If amending name, enter the new name of the limited lia	bility company here:	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  City:  Zap Code	The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	(Principal office address MUST BE A STREET ADDRESS)		
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3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City:  Zip Code	Enter new mailing address, if applicable:		
3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City:  Zip Code  Teew Registered Agent's Signature, if changing Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida -  City:  Zip Code  Sew Registered Agent's Signature, if changing Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida -  City:  Zip Code  Sew Registered Agent's Signature, if changing Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City: Zap Code  Sew Registered Agent's Signature, if changing Registered Agent:	B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registe
New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  [ew Registered Agent's Signature, if changing Registered Agent:			
New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  [ew Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent:		
Enter Florida street address Florida  City: Zap Code  [ew Registered Agent's Signature, if changing Registered Agent:			
City Zap Code  w Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	Enter Florida street	address
ew Registered Agent's Signature, if changing Registered Agent:			
ew Registered Agent's Signature, if changing Registered Agent:		City	, Florida Zm Code
	New Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with		_	. (

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>	Name	Address	Type of Action
MGR	MICHAEL CURRAN	15614 DAHOON HOLLY LANE	■Add
		WINTER GARDEN FL 34787	
			□ Add
			□Remove
			□Change
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Effective dat	te, if other than th	e date of fi	iling:	2024		(op	tional)	
(If an effective da	te, II other than the ate is listed, the date mu late inserted in this b	ust be specific plock does n	cand cannot be not meet the a	prior to date of	filing or more	than 90 days af	ter filing.) Pursua his data udll na	nt to 605.0207 (3
Note: If the o	ffective date on the I	Department	of State's rec	ords.	atory mang n	. цинетенз, т	ins date will no	ochsted as in
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Filing Fee: \$25.00