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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DATE:

09/19/2024

NAME: ECHELON PLUMBING LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Docusign Envelope ID: 93B29631-E22F-4FC9-B534-E03641461DC5

COVER LETTER

TO: Registration Section

Division of Cor	rporations				
	PLUMBING LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANTHONY GUDINO				
		Name of Person			
		Firm/Company			
	8209 NORTH 13TH STREET				
	Address				
	TAMPA, FL 33604				
	anthonyg@eplumbingllc.co	City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
		at () Area Code Daytin			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u>	is:	Street Address:			
Registration Section		Registration Se			
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee 1	FT 37314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Docusign Envalope ID: 93B29631-E22F-4FC9-B534-E03641461DC5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 19 AMII: 07

ECHELON PLUMBING LLC

(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 Company were filed on 06/08/2020 and assigned Florida document number L20000157092 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 "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Docusign Envelope ID: 93B29631-E22F-4FC9-B534-E03641461DC5 in amenuing Authorized rerson(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 and AMBR	ANTHONY GUDINO	8209 NORTH 13TH STREET	∃ Add
		TAMPA, FL 33604	□Remove
			Change
MGR and AMBR	THE FOX COMPANIES, LLC	1867 Oregon Ave NE	■Add
		ST. PETERSBURG, FL 33703	Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
		 -	Remove
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Effect If an eff Note:	ive date, if other than the date of filing:
docun e recoi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
docum le recor	led.
docum	September 17 2024
docum	led.

Filing Fee: \$25.00

	gistration Sect vision of Corpo				
,	ECHELON P	LUMBING LLC			
SUBJECT	Name of Limited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		ANTHONY GUDINO			
Name of Person					
Firm/Cor					
		8209 NORTH 13TH STREET			
		TAMPA, FL 33604	Address		
	City/State and Zip Code				
		anthonyg@eplumbingllc.com E-mail address: (to be used for future annual report notification)			
For further in		cerning this matter, please ca			
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
≅ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mai	iling Address:		Street Ad	ldress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303