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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Waterworx Plumbing Services LLC Name of Limited Liability Formpany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marvin Nelson Name of Person
Waterworx Plumbing Services LLC
25501 Trost Blud Lot 14-8
Bonita Springs, FL, 34135 CityState and Zip Code jammynick @ amail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Name of Person at (989) 329-2565 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Sectificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Division of Company times.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waterwork Plumbing Services LLC

(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Col. Florida document number <u>L 2000 3730</u>	impany were filed on Nov 30/2020 and assigned 2.33.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	25501 Trost Blud Lot 14-8 Bonita Springs, FL = 7 34135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bonita Springo, FL 34135.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 255	Enter Florida street address
Bon	sta Springs Florida 34135 Zip Code

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 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>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□Add
			□Remove
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nted Jan 7	· , / } /	202	X >			
	Signature	of a member or aut	horizet representat	ive of a member		_