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COVER LETTER

TO: Registration Se Division of Cos			
subject: <u>DD</u>	FlumbinG Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joel A	STOBETG Name of Person	
	DDJ Plum	5176 Firm/Company	
	12259 se	100 Th COUTT	 -
		F1, 34420 City/State and Zip Code	
	DDJ Plymb E-mail address: (i	ing LLC AT GMA obe used for future annual report not	il. Com ification)
For further information c	oncerning this matter, please ca	all:	
Joel SJO Name o	15er6 f Person	at (352) 454 - Arca Code Daytin	6122 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

DDJ Plumbi	<i>'</i> 16		ر. بر 4 استونی	
(Name of the Lim	nited Liability Company : (A Florida Limited Liab	as it now appears on oility Company)	our records.)	
The Articles of Organization for this Limited I	Liability Communication	61.4 11-4	1-2071 1-3071	PH 4: 08
Florida document number 12/00047	Liability Company we オプラフス	ere filed on 11	1 00 01	and assigned
riorida document number 12 6 1000 4 7	<u> 7375</u> .		· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability (Company," the design	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE				
			<u> </u>	<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	= = = = = = = = = = = = = = = = = = =			
	_			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or	registered office add	ress on our recor	ds, <u>enter the name o</u> l	the new registered
agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	Tael S	Tobers		
	12366	0 1 - 31 6	<u> </u>	
New Registered Office Address:	<u>Joel</u> 5 12259 50	= 100' CC	14/ J	
	Policia	enier ciorida și 1	reet adaress	// > -
	BEILEVIEN	Cin	, Florida <u>34</u>	420 100
Now Posistanad Assault Classes at 1	••	Cay	/	лр 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 heing 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.

of Changing Registered Agent, Signature of New Registered Agent

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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
AMBC	SCOTT BENKOWITZ	8872 Thumbwood Circle	Add
		APT D, BOYATON BEACH, F Plumbing Contractors C 33436, CFC 1428943	\frac{1}{icase #
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>		·		
(Name of the Limi	(A Florida Limited L	ny as it now appears or iability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number 12100047		were filed on $\frac{11^{-2}}{1}$	4-2021	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office ac ss here:	ldress on our recor	ds, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	Joel	SJOSE16		
New Registered Office Address:	12259 5	se 10074 CC)U/T	
	Relienie	Enter Florida si		3441
	BUILDIU	Ciņ [,]	, Florida _	34420 Zip Code
N D to the same				

New Registered Agent's Signature, if changing Registered Agent:

DOT DILLOLIAC

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.