

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@activatemylicense.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CDS PLUMBING SERVICES OF CFL**

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K. SALY

DEC 22 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CDS PLUMBING SERVICES OF CFL

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

FILED
2023 DEC 21 PM 4:04
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/14/2023 and assigned Florida document number L23000552462.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CDS PLUMBING SERVICES CENTRAL FLORIDA LLC

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2C8191D2-5556-45C8-847A-4E81B9AC0274

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>	<u>Type of Action</u>
MGR	TYLER, HERON	301 NEBRASKA AVE	<input type="checkbox"/> Add
		LEESBURG, FL 34748	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JUSTIN, COOK	1103 W DR MLK JR BLVD	<input type="checkbox"/> Add
		SEFFNER, FL 33584	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HYRONS, TYLER	301 NEBRASKA AVE	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	COOK, JUSTIN	1103 W DR MLK JR BLVD	<input checked="" type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023 DEC 21 PM 11:04
CLERK OF SUPERIOR COURT
JANINE SKIPPER

Typed or printed name of signee