

9/3/24, 10:42 AM

Division of Corporations

**L24000056199**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : 120050000099  
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@activatemylcense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IVY PLUMBING SERVICES LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

SEP - 4 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IVY PLUMBING SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANINE MITCHELL

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

23110 SR 54, PMB 336

Address

LUTZ, FL 33549

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANINE MITCHELL

Name of Person

813

Area Code

932-5244

Daytime Telephone Number

Enclosed is a check for the 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)

**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

IVY PLUMBING SERVICES LLC

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

FILED  
2024 SEP -3 AM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/30/2024 and assigned  
Florida document number L24000056199.

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*

Florida

*City*

*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: 0932D431-76ED-4530-ED15-8366F6EC90C4

If amending (authorized persons) 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	FAITH IVY	10929 BANYAN WOOD WAY RIVERVIEW, FL 33579	<input checked="" type="checkbox"/> Add
			<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
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			<input type="checkbox"/> Change

FILED  
2024 SEP 3 AM 2:20  
TALLAHASSEE, FLORIDA

Typed or printed name of signee