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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 : (813)932-5244

Fax Number

: (813)932-3782

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

: Email Address: info@activatemylicense.com

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

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Help K. SALY

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	(COVERTELL	ĿК	
TO: Registration Sect Division of Corpo				
SUBJECT: IVY PLUN	BING SERVICES LL	С		
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	JANINE MITCHELL			
		Name of Person		
	CONTRACTORS R	EPORTING SER	VICE INC	
		Firm/Company		
	23110 SR 54, PMB	336		
		Address		
	LUTZ, FL 33549			
		City/State and Zip Coc	le	
	info@activatemylicer	ISO.COM To be used for future annu	ul report notitie	stion)
For further information cor	cerning this matter, please ca		ar report to time.	
JANINE MITCHELL		813	932-5244	
Name of I	erson	Area Code	Daytime T	clephone Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fe Certified Copy tadditional copy is o		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

Fax: +18139325244 Docusign Envelope ID, 0932D431-76ED-4530-BD15-8366F6EC90C4

To. Div of Corps -LLC

Fax: +18506176383

46 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

ENZA SEP -3 AM 2: 20
MILLAHASSEE ELONIO.

IVY PLUMBING SERVICES LLC

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

Florida document number L2400056199 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 "LLC". 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Company	were filed on 01/30/2024	and assigned
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 "LLC." 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida Street address	Florida document number		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted to amend the following:		
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
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 registeragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
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New Registered Office Address: Enter Florida street address	agent and/or the new registered office address nere.		
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:		
Florida		Enter Florida street address	
		, Floric	ta
City Zip Code New Registered Agent's Signature, if changing Registered Agent:		City	Zip Code

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.

From: Janine	•	Fatx: +18139325244	To; Div of Corps -LLC	Fa:: +18506176383	Page: 5 of 6	09/03/2024 10:50 AM	46 3)))
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Docusign Envelope ID: 0932D431-76ED-4530-BD15-8366F6EC90C4 () amenting 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>	Name	Address	Type of Action
MGR	FAITH IVY	10929 BANYAN WOOD WAY RIVERVIEW, FL 33579	XiAdd
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From: Janine

									
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f the record specord is filed.	pecifies a delayed effi	ective date, but n	ot an effective	e time, at 12:01	a.m. on the ea	urlier of: (b)	The 90th di	iy after the	÷
Dates 8/3	31/2024								
Dated	\$1/2024 \$igned by: \$\int \text{5in Poly ADS425} - \text{5in Poly ADS425} - \text{5in Poly ADS425} - \text{7in Poly ADS425} - 7in Poly ADS4		<u>- `</u>	· ·					
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	6A7E24D944D94E9 —	Signature of	a member or au	thorized represe	ntative of a men	iber			

Typed or printed name of signee