Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Fmail	Address:	
	MUMACUS.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOWELL PLUMBING ENTERPRISE, LLC

Certificate of Status	0
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K. SALY

JAN 9 2025

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JAH -8 PM 3: 12
TÄLLÄHÄSSPE FLÖDIN

HOWELL PLUMBING ENTERPRISE, LLC

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

The Articles of Organization for this Limited I	liability Company were fil	ied on 02/13/2024	and assigned	
Florida document number L24000078011	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability cor	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	any." the designation "LLC" (or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	3000 <u></u>		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON)			
B. If amending the registered agent and/or agent and/or the new registered office addre	_	on our records, <u>enter th</u>	ne name of the new registered	
Name of New Registered Agent:	Name of New Registered Agent: Northwest Registered Agent LLC			
New Registered Office Address:	New Registered Office Address: 7901 4th St N STE 300			
	Enter Florida street address			
	St. Petersburg	, Flor	ida <u>33702</u>	
	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

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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>	<u>Name</u>	Address	Type of Action
MGR	ROGERS, JASON	554 JULIA STREET	= Add
		NEW SMYRNA BEACH, FL 32168	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific a is block does no	and cannot be pr t meet the app	licable statuto	ng or more that ry filing requi	(option 90) days after rements, this	filing.) Pursu	ant to 605.0207 (2 of be listed as th
ecord specifies a delayed efficient is filed.	ective date, but n	ot an effective	time, at 12:0	l a.m. on the	carlier of: (b)	The 90th	day after the
January 8th		2025					
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