

From: AMANDA
9/20/24, 6:19 PM

Fax: +18139325244

To:

Fax: +18506176383

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09/20/2024 6:24 PM

Division of Corporations

L240003217043
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000321704 3)))



H240003217043ABCX

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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

RECEIVED

2024 SEP 23 PM 12:17

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CDS PLUMBING SERVICES SOUTHWEST FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

SEP 24 2024

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: CDS⁺ PLUMBING SERVICES SOUTHWEST FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA JOHNS

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

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:

AMANDA JOHNS

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**

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CDS PLUMBING SERVICES SOUTHWEST FLORIDA 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 Liability Company were filed on 4/1/2024 and assigned
Florida document number L24000155928.

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 SUNCOAST 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:

9483 BAYSIDE CT

(Principal office address MUST BE A STREET ADDRESS)

SPRING HILL FL 34608

Enter new mailing address, if applicable:

9483 BAYSIDE CT

(Mailing address MAY BE A POST OFFICE BOX)

SPRING HILL FL 34608

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:

JUSTIN COOK

New Registered Office Address:

9483 BAYSIDE CT

Enter Florida street address

SPRING HILL

City

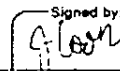
Florida 34608

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.

Signed by:



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUSTIN COOK	9483 BAYSIDE CT	<input type="checkbox"/> Add
		SPRING HILL FL 34608	<input type="checkbox"/> Remove
		(CHANGE ADDRESS ONLY)	<input checked="" type="checkbox"/> Change
MGR	REINOLDEN COSTA	602 NW 1ST ST	<input type="checkbox"/> Add
		CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCUS BENEDETTI	3404 SW 1ST PL	<input type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Filing Fee: \$25.00