L24000409393

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COVER LETTER

, to:

TO: Registration So Division of Con			
20/20 PLU SUBJECT:	MBING RESIDENTIAL HOL	DINGS WASHINGTON, LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDWARD JACKSON		
	-	Name of Person	_
	20/20 PLUMBING RESID	DENTIAL HOLDINGS WASHINGTON LLC	
		Firm/Company	_
	2380 DEERWOOD ACRE	ES DR	
		Address	_
	ST AUGUSTINE FL 3208	34	
		City/State and Zip Code	_
	SJACKSON2020PLUMBII E-mail address: (NGLLC@GMAIL.COM (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
SARA JACKSON		904 829-9076 at ()	
Name o	of Person	Area Code Daytime Telephone Number	ег
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2024 OCT +3 PH 3: 34 SEGGE SARY OF STATE TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/20 PLUMBING RESIDENTIAL HOLDINGS WASHINGTON, LLC

(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our record mited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L24000409393	npany were filed on 9/19/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
20/20 COMMERCIAL HOLDINGS WASHINGTON, 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 ADDRES	(22	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		
	Enter Florida street addres	XV
	, FI	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, as tas provided for in Chapter 605, office address, I hereby confirm th	nd I am familiar with and F.S. Or lifthis decument is at the limited liability
li e	f Changing Registered Agent, Signature o	n new Registeres 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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			□Change
			□Add
			Remove
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Effective date, if other thar fan effective date is listed, the dat	i the date of 11111 e must be specific ar	ng; nd cannot be prior t	o date of filing or me	(option ore than 90 days after the following control of the follo	nal) filing.) Pursuant to 605.020
Note: If the date inserted in the document's effective date on t	nis block does not	meet the applica			
document's effective date on t	не глерагинені от	State 8 records.			
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