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TO: Registration Section

Tallahassee, FL 32314

rporations				
MBING LLC				
Name of Lin	nited Liability Company			
Amendment and fee(s) are sub	omitted for filing.			
ondence concerning this matter	to the following:			
Adam Kincaid				
	Name of Person			
BES Plumbing LLC				
	Firm/Company	· · - ·		
7031 abbywood In				
	Address			
Zephyrhills FL 33541				
	City/State and Zip Code			()
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		l report notification)		
concerning this matter, please c	all:			
	at ()			•
of Person	Area Code	Daytime Teleph	ione Number	
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Certificate of Status	Certified Copy		Certificate Certified C	of Status &
<u>88:</u>				
•				
	MBING LLC Name of Lin Amendment and fee(s) are subsondence concerning this matter Adam Kincaid BES Plumbing LLC 7031 abbywood In Zephyrhills FL 33541 adam@besplumbingllc.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter amount: \$30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Tamendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Adam Kincaid Name of Person BES Plumbing LLC Firm/Company 7031 abbywood In Address Zephyrhills FL 33541 City/State and Zip Code adam@besplumbingllc.com E-mail address: (to be used for future annual concerning this matter, please call: at (Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Adam Kincaid Name of Person BES Plumbing LLC Firm/Company 7031 abbywood In Address Zephyrhills FL 33541 City/State and Zip Code adam@besplumbingBc.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: Area Code Daytime Teleph the following amount: X \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) See: Section Corporations Section Corporations Registration Section Division of Corporation	Name of Limited Liability Company 'Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Adam Kincaid Name of Person BES Plumbing LLC Firm/Company 7031 abbywood In Address Zephyrhills FL 33541 City/State and Zip Code adam@besplumbingllc.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: Area Code Total address: Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Certificate Certificate Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BES Plumbing LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability florida document number 1.25000048722		8/25	and assigned
his amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the lin	nited liability company her	<u>ne</u> :	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			<u> </u>
Enter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		cords, <u>enter the nar</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	da street address	
		Florido	
	City	, Florida	Zin 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adam Kincaid	7031 abbywood in Zephyrhills FL 33541	X Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	 		□Add
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	be specific and can ock does not meet	the applicable	ate of filing or more estatutory filing i	(option than 90 days after fr requirements, this o	iling.) Pursuant to 605,020
e record specifies a delayed effective	date, but not an o	effective time	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
rd is filed.					
		025			
Dated April 5th	//				
ord is filed. Dated April 5th	Signature of a mem		d representative of	a member	

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