

605436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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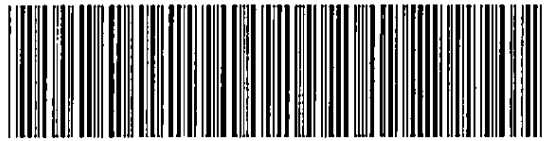
(Business Entity Name)

(Document Number)

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2023 MAY 26 PM 1:42  
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TALLAHASSEE-FL

*MM*



# SAAVEDRAGOODWIN

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May 25, 2023

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Re: Articles of Amendment to Articles of Organization**  
Entity Name: WALLICE PLUMBING, INC.  
Document Number: 605636

Dear Sir/Madam:

Enclosed please find an executed Articles of Amendment to Articles of Incorporation for processing and filing. Also enclosed is our check in the total amount of \$35.00 payable to Florida Department of State for payment of the filing fee.

Please call my office directly at (954) 767-6333 if there are any questions. Thank you for your prompt attention to this matter.

Sincerely,

SAAVEDRA-GOODWIN

DAMASO W. SAAVEDRA  
FOR THE FIRM

Enc.

2023 MAY 26 PM 1:43  
STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WALLICE PLUMBING, INC.

DOCUMENT NUMBER: 605636

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damaso W. Saavedra, Esq.  
Name of Contact Person

Saavedra-Goodwin  
Firm/ Company

888 NE 3rd Avenue, Suite 500  
Address

Fort Lauderdale, FL 33316  
City/ State and Zip Code

dsaavedra@saavlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damaso W. Saavedra, Esq. at ( 954 ) 767-6333  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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J.L.

Articles of Amendment  
to  
Articles of Incorporation  
of

WALLICE PLUMBING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

605636

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

11916 NW 9th Street

Coral Springs, FL 33071

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

11916 NW 9th Street

Coral Springs, FL 33071

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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STATE OF FLORIDA  
TALLAHASSEE, FL

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change            PT        John Doe

Remove            V        Mike Jones

Add                SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VS</u>	<u>Luanne Wallice</u>	<u>12498 WILES RD</u>
<input type="checkbox"/> Add			<u>CORAL SPRINGS, FL</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>PVS</u>	<u>Steven Wallice</u>	<u>11916 NW 9th Street</u>
<input type="checkbox"/> Add			<u>Coral Springs, 33071</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 TALLAHASSEE, FL

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**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Lined area for entering amendments to Articles.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

Lined area for implementing provisions for amendments.

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

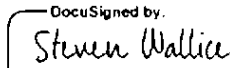
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

Dated 5/24/2023

Signature   
 (By a Director, President or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

STEVEN WALLICE  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

PRESIDENT  
 \_\_\_\_\_  
 (Title of person signing)

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 TALLAHASSEE, FL