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14 MAR 19 PH 2: 04
SECRETARY OF STATE
TATE ANALYSISE, ELONDE

C. LEWIS

MAR 1 9 201:4
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corpo			. ,
NAME OF CORPOR	D13000	ution 911 093710	Water Fire Mold Inc
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
-	Kathi	een/Antho	ony Massimino
-	12190 6	Firm/Company 1St Lane N Address	Jorth
-	West Pa	Beach City/ State and Zip Coo	FL 33412
	E-mail address: (to be u	- mass@ sed for future annual report	att.net
For further information	concerning this matter, pleas	se call:	
Anthony	Massimin	D at (561	644.6776
Enclosed is a check for	the following amount made		ode & Daytime Telephone Number
□ \$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		Cémané	Addwara

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment

to
Articles of Incorporation

14 MAR 19 PM 2: 04

Restoration 911 Water Fire Molder Morgania	
(Name of Corporation as currently filed with the Florida Dept. of State)	
DIZ0000 03710	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation:) to
A. If amending name, enter the new name of the corporation:	
Remediation 911 Water fire Mold Incine 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: 12190 615+ Lane North	
(Principal office address MUST BE A STREET ADDRESS) West Palm Beach, FL	
33412	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	

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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	<u>nes</u>		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					
Remove					
2) Change		- -			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change				-	
Add					
Remove					

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)	ttach addition	adding additional Ar al sheets, if necessary).	(Be specific)			
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(if not applicable, indicate N/A)	rovisions for	implementing the am	endment if not	contained in th	e amendment itself	<u>:</u>
	(if not app	icable, indicate N/A)				
				 		

APPROVES AND FILED

The date of each amendment(s) adoption: date this document was signed.	March	17,	2014	14 MAR 19 A PROTECTION THE SECRETARY OF STATE
Effective date <u>if applicable</u> :	(no more than 90 day	s after amen	dment file date)	FALL AHASSEE, PLORIDA
Adoption of Amendment(s) (CH	ECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		ber of votes	cast for the amen	dment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through variety of the shareholders through variety of the shareholders through the	voting group reparately or	s. The following n the amendment(statement (s):
"The number of votes cast for the amen	dment(s) was/were suff	ficient for ap	proval	
by	ing group)		.,,	
(vot	ing group)			
The amendment(s) was/were adopted by the action was not required.	board of directors with	out sharehole	der action and sha	reholder
The amendment(s) was/were adopted by the action was not required.	incorporators without sl	hareholder a	ction and shareho	ılder
Dated March	17,2014	-		
Signature (By a director, pres	ident or other officer –	LIM if directors of	DW or officers have no	ot been
selected, by an inco appointed fiduciary	orporator – if in the hand by that fiduciary)	ds of a recei	ver, trustee, or of	ner court
}	(Typed or printed	Mas d name of pe	SIMINC erson signing))
	Presi (Title of	den t person sign	ing)	