470293

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	

Office Use Only



500314169725

06/04/18--01029--010 **43.75

JUN 0 6 2018 ; S. YOUNG 18 JUN -4 PH 14: 45
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations INDEPENDENT PLUMBENG OF FLA, INC. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: INDEPENDENT PLUMBENG OF FEA, INC 521 N. FLORIDA ANE.

Address UTZ FZ 33549
City/ State and Zip Code plumbing Q Vonizur. Not listed for future/annual report notification) For further information concerning this matter, please call: rTeNSTeEN at (813) 908-3692

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **1** S43.75 Filing Fee &: □\$43.75 Filling Fer & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Street Address

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed	with the	Florida D	ept. of State)	•	
INDEPENDENT PLUMS	ING.	0/-	F-LA,	INC.	#	47029
(Document Number of	of Corpo	ration (i	f known)			,
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida	Profit (Corporation	adopts the fo	llowing an	nendment(s) to
A. If amending name, enter the new name of the corporation:						
						e new
name must be distinguishable and contain the word "corporatie "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". z					
B. Enter new principal office address, if applicable:						
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		-	•	•		
					<u> </u>	<u> </u>
						
C. Enter new mailing address, if applicable:					= =	T
(Mailing address MAY BE A POST OFFICE BOX)					SS	
					men :	2 (C)
	-7				0	<u>-</u> -
						•• •-
D. If amending the registered agent and/or registered office add	ress in F	lorida,	enter the n	ame of the	> . (on ,
new registered agent and/or the new registered office address						
Name of New Registered Agent						
(Florida so	reet addre	355)				
New Registered Office Address:	(Civ)			, Florida	(Zip Code,	
	1.211,17				(zsp cone,	,
New Registered Agent's Signature, if changing Registered Agent						
l hereby occept the appointment as registered agent. I am familiar	with and	accept	the obligation	ons of the pos	ition.	
Signature of New F	Registere	d 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.

Example: <u>X</u> Change	PT John Doe
X Remove	V Mike Jones
_ <u>X</u> Add	<u>SV</u> <u>Sally Smith</u>
Type of Action (Check One)	<u>Title Name</u> <u>Addres</u> s
1) X Change	T DENISE HERTENSTEIN 1514 PIERMAJ LN.
Add	
Remove	
2) Change	5 STACEY HERTENSTEIN 1518 PIERMAJ LN LUTZ FL 33549
	_ LUIZ PC 33199
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

amending or adding additional Ar ttach additional sheets, if necessary).	. (Be specific)	· · · ·		
	<u>,</u>			
				
			/	
		-/ -		
		<u>/</u>		
		-		
	/_ _	·		
	/			
/				
	-			
			·	
,				
		<u>-</u>		
•				
l de la companya del companya de la companya del companya de la co			· · · · · · · · · · · · · · · · · · ·	
in amendment provides for an exc	hange, reclassificat	tion, or cancellatio	n of issued shares.	
<u>ovisions for implementing the ame</u>	endment if not cont	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				
		— -		
			<u></u>	
	_			
	<i></i> -			
				-
			_	
	/	_ - -		
	/			

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
6	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date vate's records.	vill not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.	
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendn	nent(s) was/were sufficient for approval	
by	;"	
by(voting	g group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder	
DatedSignature		
	ent or other officer - if directors or officers have not been	
appointed full clary by	orator – if in the hands of a receiver, trustee, or other court v that fiduciary)	
	DENISE / TENTEN STEIN	
(Ty	ped or printed name of person signing)	
	TREASUREL	
	(Title of person signing)	