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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JOHNNY J. DOAI	N PLUMBING COMPANY	7, INC.		
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	JIMMY L. WALDROP				
		Name of Contact Person	1		
	JOHNNY J. DOAN PLUMBING COMPANY, INC.				
		Firm/ Company			
	418 E OLD HILLSBOROUG	JH AVE.			
		Address			
	SEFFNER, FL 33584				
		City/ State and Zip Cod	e		
ROBI	ERT@WELLENCPA.COM				
	E-mail address; (to be as	sed for future annual report	notification)		
For further information	a concerning this matter, pleas	se call:			
JIMMY L. WALDROP		at (689-8179		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JOHNNY J. DOAN PLUMBING COMPANY, INC.

(Name of Corporation as cu	rrently filed with the Florida Dept, of State)
488305	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	on:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	27.5
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	
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.

Example:	rrve, una sauy sm	um, 3v us un ziua.	
X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	TOMMY L WALDROP	418 E. OLD HILLSBOROUGH AVE,
Add			SEFFNER, FL 33584
X Remove			
2) Change	<u>v</u>	CHRISTIE WALDROP	418 E. OLD HILLSBOROUGH AVE.
X Add			SEFFNER, FL 33584
Remove	S	CODY WALDROP	418 E. OLD HILLSBOROUGH AVE.
3) Change X Add			SEFFNER, FL 33584
Remove			
4) Change	T	TUCKER WALDROP	418 E. OLD HILLSBOROUGH AVE
X Add			SEFFNER, FL 33584
Remove			
5) Change			19 %
Add			8 8 7
Remove			
റെ Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	
	<u>. </u>
	7.5. Al-
	79 S
f an amendment provides for an exchange, reclassification, or cancellation of issued shares.	19 SEP
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	SEP 1
f 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)	SEP 16
provisions for implementing the amendment if not contained in the amendment itself:	SEP 16 F
provisions for implementing the amendment if not contained in the amendment itself:	SEP 16 PM
provisions for implementing the amendment if not contained in the amendment itself:	SEP 16 PM
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provisions for implementing the amendment if not contained in the amendment itself:	SEP 16 PM

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	2 Γ
9/10/20	19	
Dated		
Signature (By	a director, president or other flicer - if directors or officers have not been	
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	
	JIMMY L. WALDROP	
	(Typed or printed name of person signing)	20.
	PRESIDENT	38 e
	(Title of person signing)	NA 91 PM