## 565905

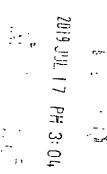
(Requestor's Name)			
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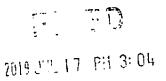
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TON: ACTION PLUMBI	NG SUPPLY CO.			
DOCUMENT NUMBER		·	····		
	Imendment and fee are sub	mitted for filing.			
Please return all correspor	dence concerning this matt	er to the following:			
Mic	chael S. Foelster, Esq.				
		Name of Contact Person	1		
Вас	Backer Aboud Poliakoff & Foelster, LLP				
-		Firm/ Company	<del></del>		
400 S. Dixie Highway, Suite #420					
<del></del>	-	Address			
Вос	ra Raton, FL 33432				
		City/ State and Zip Code	•		
stuartberk	ce56@gmail.com				
- Statutett	<del>-</del> -	ed for future annual report	notification		
	E man address. (to the ass	to ratare amount reports	nome and n		
For further information co	ncerning this matter, please	e call:			
Michael S. Foelster, Esq.		561	361-8535		
Name of C	ontact Person	at (561 ) 361-8535  Area Code & Daytime Telephone Number			
Enclosed is a check for the	e following amount made p				
☐ \$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  Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ACTION PLUMBING SUPPLY CO.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
565905			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
BERKE HOLDING CO.	The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	21985 PALM GRASS DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33428		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21985 PALM GRASS DRIVE		
	BOCA RATON, FL 33428		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address			
	<del>_</del>		
Name of New Registered Agent	<del></del>		
	street address)		
·			
New Registered Office Address:	, Florida (City) (Zip Code)		
	(City) (24) Coat)		
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent. I am familia	r 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.

Example: XChange	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name			<u>Address</u>
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add		_		<del></del>	
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4) Change			<u> </u>		
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5) Change					
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6) Change		<del></del>	<u></u>	<del></del>	·
Add					
Remove					

man diditional sheets, if hecessingly.	icles, enter change(s) here: (Be specific)
,	
<del></del>	
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f an amandment provider for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
7.0	
(if not applicable, indicate N/A)	
(ii not applicable, indicale N/A)	
(ți not applicable, indicale N/A)	
(II not applicable, indicale N/A)	
(it not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of verby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grount the separately provided for each voting group entitled to vote separated.	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	sholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Signature  (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
(Typed or printed name of perso	- Barks
(Typed or printed name of perso	on signing)
/2	EPID ONT
(Title of person sign	ning)