

605436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SENDER'S E-MAIL ADDRESS:

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SALEJO@SAAVLAW.COM

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

REC'D MAY 26 PM 1:43
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

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:

(City)

Florida

(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) (c), F.S.

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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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2023 MAY 25 PM 1:43
SECRET//NO DISSEM
TAL LAMARQUE, FL

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

DocuSigned by:

Signature

Steven Wallace

(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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SECRETARY OF STATE
TALLAHASSEE, FL