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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: UAWL PL	imbing Group Inc.
DOCUMENT NUMBER: F15698	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
april Lea	Name of Contact Person
UAWLPIVMOI	ng Gipup, Inc.
1761 Carnegi	Firm/ Company C FVC Address 33.751 a
MEGINACITL	City/ State and Zip Code
E-mail address: (to bouse	for future annual report notification)
For further information concerning this matter, please	call:
Will Leathers Name of Contact Person	at (727) 681-1899 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	• •
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Amendment to Articles of Incorporation of

JAWL PLUMBING GROUP, INC.	1909 10 x
(name of Corporation as current	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must he distinguishable and contain the word "corporation,"	The new "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Muning address MAT BE A TOST OFFICE BOX)	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent N	
(Florida s.	treet address)
New Registered Office Address: NIA	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	tt: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if annlicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	<u>/ Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Jany Lawson	5337 Ray Drive Weeki Wachee
2) Remove 2) Add	CEV	aprilieathers	FL 84407 1664 EDWONIT Dr. Cleanwater FL 38765
Remove Change Add	CED	James West	AICXISDY.
Remove 4) Change Add			Tarpon Springs 17 344
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

. If amending (Attach addit	or adding additional tional sheets, if necessor	l Articles, enter cha ary). (Be specific)	nge(s) here:			
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16		L	M	1-46:	L	
provisions	dment provides for at for implementing the	e amendment if not	contained in the a	mendment itself	<u>nares.</u>	
(if not	applicable, indicate N	(A)				
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The date of each amendment(s)	adoption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		, 48717
	(no more than 90 days after amendment j	file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were and by the shareholders was/were	dopted by the shareholders. The number of votes cast fo sufficient for approval.	r the amendment(s)
	oproved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		11
	(voting group)	
Dated	4 16th 2023	
6:	upri delettrus	
	director, president or other officer – if directors or office	ers have not been
select	ed, by an incorporator - if in the hands of a receiver, tru	
appoi	nted fiduciary by that fiduciary)	
	aprilications	
	(Typed or printed name of person signing)	
	TYCOGUYCY (CUTTCHT +	itle)

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