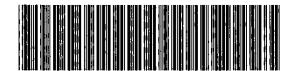
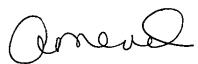
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12/19/12

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: JOE HILLM	IAN PLUMBERS	S, INC		
DOCUMENT NUME	_{BER:} J73611				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	CARLA LESMES				
		Name of Contact Person			
JOE HILLMAN PLUMBERS, INC					
		Firm/ Company			
	6900 SW 21st COURT UNIT # 3-4				
		Address			
	DAVIE, FL 33317	,			
		City/ State and Zip Code			
cles	smes@joehillman	plumbers.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Carla Lesme	s	_{at (} 954	577-9445 de & Daytime Telephone Number		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
\$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 Articles of Incorporation

FILED 2012 DEC 17 PM 12: 02

JOE HILLMAN PLUMBERS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

J/3611	LALL
(Document Number of Co	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amen
A. If amending name, enter the new name of the corp	ration:
N/A	The
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	corporation," "company," or "incorporated" or the abbrevia Inc," or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	ce address:
Name of New Registered Agent N/A	
··	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	ered Agent:
I hereby accept the appointment as registered agent. I	m familiar with and accept the obligations of the position.
Cianatura of Man	Pagistanad Agant if ahanging

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		ALEC MACLAUGHLIN	317 NE GREENBRIAR AVE
X Add				PORT SAINT LUCIE, FL 34983
Remove				
2) Change				
Add				
Remove				<u> </u>
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If an</u>	mending or adding additional Articles	, enter change(s) here:		
	ach additional sheets, if necessary). (L	se specific)		
N/A				
			,	
				
t Ifa	an amendment provides for an exchan	ga raclassification or	cancallation of issued sha	ras
pre	rovisions for implementing the amend	nent if not contained i	n the amendment itself:	
	(if not applicable, indicate N/A)			
N/A				

The date of each amendment(s) adoption: 12-12-12
Effective date <u>if applicable</u> :	12/12/2012
	(no more than 90 days after amendment file date)
A da-Al & A	(CHECK OND)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
_{Dated} 12/1	2/2012
Signature	1-12:0C
(B ₃	y a director, president or other officer - if directors or officers have not been
sel an	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
" P	
	JOSEPH HILLMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)