

P00000094412

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LEYVA PLUMBING SERVICES, INC.**

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Amend

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FEB 26 2013

T. ROBERTS



February 25, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEYVA PLUMBING SERVICES, INC.
1502 SW MERIDIAN AVE
PORT SAINT LUCIE, FL 34953

SUBJECT: LEYVA PLUMBING SERVICES, INC.
REF: P00000094412

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tina Roberts
Regulatory Specialist II

FAX Aud. #: H13000038707
Letter Number: 013A00004459

RECEIVED
13 FEB 26 PM 8:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H/3000038707

Articles of Amendment
to
Articles of Incorporation
of

FILED

2013 FEB 26 AM 9:32

LEYVA PLUMBING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P00000094412

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____, Florida _____
(City) (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

H/3000038707

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title

Name

Address

1) Change

S

ORLANDO GONZALEZ

1502 SW Meridian

Add

X Remove

Ave,

~~Port Saint Lucie~~

F1 34953

2) Change

Add

Remove

3) Change

Add

Remove

4) Change

Add

 Remove

5) Change

Add

 Remove

6) Change

Add

Remove

E. If amending or adding additional Articles, enter change(s) here:

[illegible]

(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: 02/19/2013

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/19/2013

Signature x [Signature]
(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)

ABNER LEYVA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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