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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number) Certified Copies Certificates of	Statis
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL COUNTY P	LUMBING CONTRACTORS INC
DOCUMENT NUMBER: P01000060958	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
LEROY THOMAS	
<u> </u>	Name of Contact Person
ALL COUNTY PLUMB in	I CONTRACTORS INC
140 NE 214TH STREET	Firm/ Company
MIAMI, FL 33179	Address
allcountyplumbing@yahoo.com E-mail address: (to be u	City/ State and Zip Code sed for future annual report notification)
For further information concerning this matter, pleases	
Name of Contact Person	at (786) 258-3170 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
S35 Filing Fee S43.75 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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, F1, 32301

DEC 1, 2017:3

Articles of Amendment to Articles of Incorporation of

ALL COUNTY PLUMBING CONTRACTORS INC

(<u>Name of Corpör</u>	ration as currently filed with the Florida Dept. of State)
P01000060958	
(1)o 	cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Finits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
N/A	The new
name must be distinguishable and contain the "Corp." "Inc.," or Co.," or the designation "Coword "chartered," "professional association," ar	word "corporation," "company," or "incorporated" or the abbreviation orp, "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
D. D	N/A
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET)	DDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	Stered office address in Florida, enter the name of the
- 1 1	(Florida street address)
, 1	
New Registered Office Address:	, Florida, Cityr (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
i hereby accept the appointment as registered a ge	nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

f amending the Officer	s and/or	Directors, ent	er the title and name of each	officer/director being removed and title, name, and
address of each Officer Attach additional sheets, Please note the officer di P - President; V - Vice Executive Officer; CFO held President, Treasure Changes should be noted	and/or E if neces, rector titl Presiden Chief r, Directo in the fo wes the c	Director being sary) Je by the first let, T - Treasure Financial Officor would be PI Howing manne corporation, Sa	ter of the office title S Secretary: D Director, If an officer director hold Currently John Doe is lister Smith is named the V and S	, TR = Trustee, C = Chairman or Clerk, CEO = Chief Is more than one title, list the first letter of each office d as the PST and Mike Jones is listed as the V There is S These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	\underline{V}	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	Title	<u>Nan</u>	1 1 <u>e</u> 1	<u>Addres</u> s
1) Change	P	ED	DIE O'TOOLE	1870 NE 207 STREET
Add				NORTH MIAMI BEACH, FL 3317
X Remove				
X Change	P	l.H	ROY THOMAS	140 NE 214 STREET
Add				MIAMI, FL 33179
Remove				
3)Change				
Add				·
Remove				
4) Change				
Add		į		
Remove				
5) Change				
Add				
Remove				
6) (hange				
Add				

___ Remove

. If amending or adding additional Arti	icles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be <mark>sp</mark> ecific)	
N/A	<u> </u>	
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F. If an amendment provides for an exch	hange; reclassification, or cancellation of issued shares, endm <mark>en</mark> t if not contained in the amendment itself:	
(if not applicable, indicate N'A)	[]	
N/A	<u> </u>	
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	# 1	
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79		, if other than th
The date of each amendment(s) adoption date this document was signed.	tion:	, it outer than at
12/01/2	2017	
Effective date if applicable:	<u> </u>	ore than 90 days after amendment file date)
		the right on this diet uncommentatie date.
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet tment of Stale's	the applicable statutory filing requirements, this date will not be fisted as th records.
Adoption of Amendment(s)	И. (<u>СНЕСК С</u> ИЛ	<u> </u>
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the sharehorient for approva	lders. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approx must be separately provided for ea	ved by the sh areh ch voting g ro up	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes east for	the amen dm ent(s) was/were sufficient for approval
by	(voti ng gro	
	(voti rig gro	ирі
The amendment(s) was/were adopte action was not required.	ed by the b oa rd c	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the i nc orpo	rators without shareholder action and shareholder
11/16/2017 Dated		
Signature y		
(By a dire	vor, presi de nt or	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court
	w an Incorporate Tiduciary by tha	
ī.i	EROY TH O MA:	S
	(Tgy ped	or printed name of person signing)
V	P	
		(Title of person signing)
	∦.	