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(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
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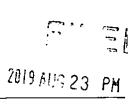
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALL COUNTY PL	.UMBING CONTRACTO	RS. INC	
DOCUMENT NUME	BER: P01000060958			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Leroy Thomas			
		Name of Contact Persor	1	
	ALL COUNTY PLUMBING CONTRACTORS, INC			
	Firm/ Company			
	3600 South State Road 7 STI	E#47		
		Address		
	Miramar, FL 33023			
		City/ State and Zip Code		
alleor	intyplumbing@yahoo.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Leroy Thomas		786	258-3170	
Name (of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Issued Box 6327 Inhassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation

of



ALL COUNTY PLUMBING CONTRACTORS, INC.

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

P01000060958	. :	S.,_
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If a <u>mending the reg</u> ister <u>ed agent and/or registered office addre</u>	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	SO DE LOS RIMENTOS COMOS	
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
	'ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	th and accept the obligations of the position.	
Character and V and D	gistered 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	()	Sean Thomas	140 NE 214 ST
XAdd			Miami, FL 33179
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

	ing or adding additional ditional sheets, if necess	rary), (Be specific)			
					
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<u>f an ame</u>	endment provides for a	n exchange, reclassifica	ation, or cancellation	of issued shares,	
provisio	ons for implementing the not applicable, indicate N	e amendment if not co.	ntained in the amendr	nen <u>t itself:</u>	
1100	ониррисаече, такше к	7.41)			
(if n					
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	8-19-2019	if adh a dhaa dh
The date of each amendment(s) acd date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
8/19/2019 Dated		
izaicu	*2 ~0_	
Signature		
(By a d	irector, president or other officer – if directors or officers have not been	
	If in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	Leroy Thomas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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