PO2000014646

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SECRETARY OF STATE

Molh

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: PLUM	IBING SOLUTIONS CORF	PORATION
DOCUMENT NU	MBER:	P02000014646	
	les of Amendment and fee a		
Please return all co	rrespondence concerning th	is matter to the following:	
-	N	lame of Contact Person	
-	<u> </u>	Firm/ Company	
-		Address	
-	C	ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
Name	of Contact Person	at () Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	tment 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 Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

Articles of Amendment **Articles of Incorporation**

PLUMBING SOLUTIONS CORPORATION

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

P020	000014646	t.
(Document Num	ber of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this FI	orida Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc.	" or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		Margania (1-1)
New Registered Office Address:	(Florida street a	ddress)
-	(City)	, Florida (Zip Code)
	•	(Σην Εθάε)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		nd accept the obligations of the position.
	ionature of New Registerea	I 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	ALEXANDER BETHENCOL	12520 SW 7 PLACE DAVIE, FL 33325	_ □ Add □ ☑ Remove
<u>D</u>	FRANCISCO LOZANO	561 NE 169TH STREET N MIAMI BEACH, FL 33162	_ □ Add _ ☑ Remove
			_
(anach a	dditional sheets, if necessary). (Be spec	rific)	
provisi	mendment provides for an exchange, re ons for implementing the amendment in not applicable, indicate N/A)		

•	01/10/10
The date of each amendment	(s) adoption: (date of adoption is required)
Effective date if applicable:	· · ·
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by	,"
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_SEP	TEMBER 10, 2010
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	NELSON OLMEDA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)