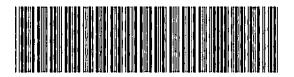
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations Allen Plumbing Inc. NAME OF CORPORATION: 103000002352 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lee Ann Lipe

Name of Contact Person

Allen Plumbing Juc.

Firm/ Company 24670 Sandhiu Blvd, #502

Address
Punta Gorda, FL 33983

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; at (<u>863</u>) <u>990-0215</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment ŧo Articles of Incorporation of

	Articles of Incorporation of	1. P. S. S. S. S. S.
AII	len Plumbing In	 0
(Name of Corpor	ation as currently filed with the Florida	a Dept. of State)
	300002352	· · · · · · · · · · · · · · · · · · ·
	cument Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association." or the abb	nc," or "Co". A professional corporat	rated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i> )	
		<u></u>
D. If amending the registered agent and/or regis new registered agent and/or the new registere	tered office address in Florida, enter the office address:	ne name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		
New Registered Office Address.	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reliated by accept the appointment as registered agent.	egistered Agent:  Lum familiar with and accept the oblig	eations of the position
, , , , , , , , , , , , , , , , , , , ,	was game and accept the trong	ustoria of the position.
<del></del>		
Sig	nature of New Registered Agent, if chang	ring
Check if applicable		
The amendment(s) is/are being filed pursuant to s	s. 607.0120 (11) (e), F.S.	

## 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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_P_</u>	Lealon K. Allen	
Add			
Remove			
2) Change	P	John Lipe	
Add		·	sime
Remove Change	<u>VP</u>	LeeAnnlipe	
Add		,	same
Remove			<del></del>
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
δ)Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:  Upha Lipe - 60 Shares  Lee Ann Lipe - 40 Shares			
visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  John Lipe - 60 Shares			
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Lee Ann Lipe - 40 shares			<del></del>
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The date of each amendment(s) adoption:	october 1, 2020	, if other than the
date this document was signed.	_ ,	
Effective date if applicable:	October 1 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	of meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CH)	ECK ONE)	
☐ The amendment(s) was/were adopted by the is action was not required.	ncorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendmes	nt(s)
	shareholders through voting groups. The following state	ement
musi ve separatety provided for each voling y	group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by		
(votin	ng group)	
Dated 13-1-	-2020	
Signature	eann Line	
	lent or other officer - if directors or officers have not bee	
appointed fiduciary b	porator – if in the hands of a receiver, trustee, or other echy that fiduciary)	purt
	100 1001.00	
	Lee Annlipe	
(1	yped or printed name of person signing)	
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	itle of person signing)	1