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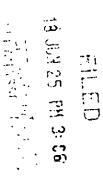
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ Flat Rate Plumbing Inc. P03000099434 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doris Ann Pekarek Name of Contact Person Firm/ Company PO BOX 51195 Address Sarasota FL 34232 City/ State and Zip Code MAPekarek@verizon.net E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call; Doris Ann Pekarek Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■\$**43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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, FL 32301

## Articles of Amendment to Articles of Incorporation of

(N	·		
P03000099434	y filed with the Florida Dept. of State)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following am	endmen	it(s) te
A. If amending name, enter the new name of the corporation:			
	71)		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbrev	new lation in the	
B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS )			
		ō	
	ge tra	<u>_</u>	-1.
Enter new mailing address, if applicable:	I I I I I I I I I I I I I I I I I I I	5	
(Mailing address MAY BE A POST OFFICE BOX)		مہ م	 
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Terre II a		نه. دی	
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
· <del></del>			
Name of New Registered Agent			
	-		
(Florida street	uddress)		
New Registered Office Address:	, Florida		
(Ca	ity) (Zip Code)	_	
w Registered Agent's Signature, if changing Registered Agent:			
ereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.		

## 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;  $V \neq Vice President$ ; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	<u>PT</u>	John Doe	
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	þ	Martin Pekarek	7519 N. Leewynn Dr.
Add X Remove			Sarasota FL 34240
2) Change	<u>s</u>	D. Ann Pekarek	7519 N. Leewynn Dr.
Add			Sarasota FL 34240
X Remove	P	A&M Plumbing, LLC	193 Union Grove Rd. NE
3) Change		A&M Flumbing, EEC	
X Add			Charleston TN 37310
Remove			
4) Change	<del></del>	<del></del>	
Add			
Remove			
5) Change		_	
Add			
Remove			-
6) Change		_	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
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n amendment provides for an excha	ange, recrassification, or cancellation of issued shares,
ovisions for implementing the amend	ndment if not contained in the amendment itself:
n amendment provides for an excha ovisions for implementing the amend (if not applicable, indicate N/A)	adment if not contained in the amendment itself:
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ovisions for implementing the amend	and the amendment itself:
ovisions for implementing the amend	and the amendment itself:
n amendment provides for an excha ovisions for implementing the amend (if not applicable, indicate N/A)	and the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this obspartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	:(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/01/20	18	
Dated	11. Oh 1	
Signature	of Mil	<del></del>
selec	director, president or other officer – if directors or officers have not beer ted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	Martin Pekarek	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_ <del></del>