

P05000098194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

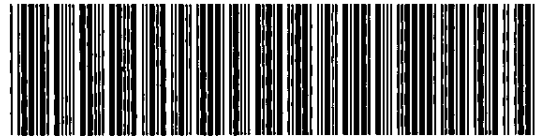
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

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04/20/12--01019--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 21 AM 8:26

Amend  
@ 5/22/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Twin Brothers Plumbing Contractor Corp  
DOCUMENT NUMBER: P 05000098194.

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael De Leon

Name of Contact Person

Firm/ Company

2040 SW South River Dr

Address

Miami FL 33125

City/ State and Zip Code

TwinBrothersPlumbing@hotmail.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael De Leon

Name of Contact Person

at ( 705 ) 372 1969.

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2012

MISAELE DE LEON  
TWIN BROTHERS PLUMBING  
2040 NW SOUTH RIVER DR.  
MIAMI, FL 33125

SUBJECT: TWIN BROTHERS PLUMBING CONTRACTORS CORP  
Ref. Number: P05000098194

We have received your document for TWIN BROTHERS PLUMBING CONTRACTORS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please specify which article number and/or article title you are amending, adding, or deleting.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 712A00014226

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 MAY 21 AM 10:14  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2012

MISAELE DE LEON  
TWIN BROTHERS PLUMBING CONTRACTORS CORP  
2040 NW SOUTH RIVER DR.  
MIAMI, FL 33125

SUBJECT: TWIN BROTHERS PLUMBING CONTRACTORS CORP  
Ref. Number: P05000098194

We have received your document for TWIN BROTHERS PLUMBING CONTRACTORS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 412A00013350

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 MAY 14 AM 11:26  
NOT RECORDED  
TO AGENCY OF FILING  
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2012

MISAEL DE LEON  
TWIN BROTHERS PLUMBING CONTRACTORS CORP  
2040 NW SOUTH RIVER DR  
MIAMI, FL 33125

SUBJECT: TWIN BROTHERS PLUMBING CONTRACTORS CORP  
Ref. Number: P05000098194

We have received your document for TWIN BROTHERS PLUMBING CONTRACTORS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 612A00012481

RECEIVED  
12 MAY -3 AM 9:40  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

Turf Brothers Plumbing Contractor Corp.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 21 AM 8:26

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

2040 NW South  
River Drive  
Miami FL 33127

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2040 NW South  
River Drive  
Miami FL 33127

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

33105  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A  
Signature of New Registered 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.*

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3 ) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]



The date of each amendment(s) adoption: 3/1/12

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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

by \_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 3/1/12

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marcus de la Cruz  
(Typed or printed name of person signing)

President  
(Title of person signing)