

Sep 22 2005 9:59 AM

No. 8582 P. 1 of 1

POS000124306

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)203-0380

From:

Account Name : A. GARCIA & CO., P.A.
Account Number : I20000000094
Phone : (305)273-6525
Fax Number : (305)273-6564

BASIC AMENDMENT
TECHNO PLUMBING CORP.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
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| Page Count | 03 |
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TALLAHASSEE, FLORIDA
STATE



85Sep.22. 2005L 10:00AM

9/22/2005 10:10

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FLORIDA DEPARTMENT OF STATE

Glenda B. Hood
Secretary of State

September 22, 2005

TECHNO PLUMBING CORP.
2475 NW 35 ST
MIAMI, FL 33142

SUBJECT: TECHNO PLUMBING CORP.
REF: P05000124306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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) 245-6878.

Alan Crum
Document Specialist

FAX Aud. #: H05000225031
Letter Number: 005A00058008

Sep.22. 2005 9:59AM

No.8582 P. 2

COVER LETTER

(((H05000225031 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TECHNO PLUMBING CORP.

DOCUMENT NUMBER: P05000124306

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

Please return all correspondence concerning this matter to the following:

AMADO GARCIA, CPA

(Name of Contact Person)

A. GARCIA & CO PA

(Firm/ Company)

11060 N. KENDALL DR

(Address)

MIAMI, FL. 33176

(City/ State and Zip Code)

For further information concerning this matter, please call:

AMADO GARCIA, CPA

(Name of Contact Person)

at (305) 273-6525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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TALLAHASSEE, FLORIDA

**Articles of Amendment
to
Articles of Incorporation
of**

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

(Document number of corporation (if known))

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

If an amendment provides for 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)

(continued)

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The date of each amendment(s) adoption: 9/21/05

Effective date if applicable: 9/21/05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

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)

ELIO E. YANES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

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