12, 600000138P

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doa	cument Number)	-
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO! Amendment Section
Division of Corporations

NAME OF CORPORATION:	Iscar's and Sons Plumbing Inc.
DOCUMENT NUMBER: <u>PO</u>	000001286
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
	OSCAY LOPEZ. Name of Contact Person
<u> 05car</u>	and Sons Aumbing Tr.
ρ.ο.	Box 150211 Address
Cape	Coral, FL 33915 City/ State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
For further information concerning the DSCAR LOPET Name of Contact Person	at (289) 772 - 0068 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 F Certificate of S	
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	•	
Oscar's	and	Sons	Plumbin	ng Inc
(Name of Corporation	n as curre	ntly filed with (he Florida Dept. of S	State)
P06	0000	01286	2	
 (Doc)	ment Numl	ber of Corporati	on (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:

	"company," or "incorporated" or or "Co". A professional corporate
ssional association, or	the abbreviation "P.A."
cable: (ADDRESS)	
E BOX) P. C	D. Box 150 211
Cai	pe Conal FL 33915
	in Florida, enter the name of the
ered office address.	
(Florida street	address)
(Florida street	address), Florida
	EBOX) EBOX

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>Tit</u>	<u>le</u>	Name	Address	Type of Action
<u>V</u>	<u>T</u>	Pablo Manuel Lopez	1. P.O. Box 150211 Cape Coral, FL 33915	Æ Add □ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
		or adding additional Articles, enter ch ionul sheets, if necessary). (Be specific)		
	· · · · · · · · · · · · · · · · · · ·			
F.	provisions	dment provides for an exchange, reclas for implementing the amendment if not pplicable, indicate N/A)		

The date of each amendment	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere 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	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	5/9/2012
Signature (By sele appe	Whecter, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court officed fiduciary by that fiduciary)
	Occar Lopez (Typed or printed name of person signing)
	President (Title of person signing)