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☐ PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 MAR 23 PN 5: 46 SEGRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: M & G PLUMBING, INC. DOCUMENT NUMBER: P06000027516 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kendric McClendon Name of Contact Person M & G PLUMBING, INC. Firm/ Company 1220 SW ALCANTARRA BLVD Address PORT SAINT LUCIE, FL 34953 City/ State and Zip Code mccplumbing@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; at (\frac{561}{Area Code & Daytime Telephone Number} Kendric McClendon 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

M & G PLUMBING, INC.				
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)		
P06000027516	·			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation a	dopts the following	g amen	dment(s) to
A. If amending name, enter the new name of the corporation:				
McClendon Plumbing, Inc.			The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation n		n "Cor	p., "
B. Enter new principal office address, if applicable:	1220 Sw Alcantarra Blvd			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Port Saint Lucie			
	Florida 34953	တ	20	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 10532	TALL ST	21 HAR	
	Riviera Beach		23	
	Florida 33419	% <u>0</u>	P	
D. If amending the registered agent and/or registered office ad	dress in Flarida, enter the na	me of the	2: -	
new registered agent and/or the new registered office addre		in in	94	
Name of New Registered Agent				
(Florida s	treet address)			
New Registered Office Address:		, Florida		
	(City)	(Zip C	'ode)	
New Registered Agent's Signature, if changing Registered Ager	nt:			
I hereby accept the appointment as registered agent. I am familian	with and accept the obligation	is of the position.		
Signature of New	Registered Agent, if changing			

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>SV</u>	Sallv Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change	•	_		
Add				
Remove 3) Change				 ;
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)	<u>re</u> :		
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		r cancellation of issue	ed shares,	
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<u>provisions for implementing the am</u>	hange, reclassification, o endment if not contained	in the amendment it	sen.	
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The date of each amendmen	t(s) adoption: if other than th
date this document was signed	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement and 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	N/A
	(voting group)
03/16/	2021
Dated	
Signature	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Kendric McClendon
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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