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SEP 1 5 2022 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION REASURE	COOST BACK	How Testing + Repairs, Inc
DOCUMENT NUMBI		0010766	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
TR	1991 SE G. Dort ST	Name of Contact Person The Back Flow Firm/ Company Address Address City/ State and Zip Code and For future annual report	34952
For further information	concerning this matter, pleas	se call:	
MANG ARET Name of	D CRAWFON Contact Person	at (<u>772</u> Area Co	_) <u>285- //69</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

TREASURE Coast BACKFlow Tes	STING & REPAIRS, 7	TVC.
P07 0000 10 766	i will the Florida Dept. of State	2022 TÄLL
(Document Number of Corp.	ooration (if known)	E G
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	da Profit Corporation adopts the follow	المرابع
A. If amending name, enter the new name of the corporation:		1080 C
name must be distinguishable and contain the word "corporation," "comparation," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ny," or "incorporated" or the abbrevia fessional corporation name must cont	rug; new
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/4	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: Name of New Registered Agent	n Florida, enter the name of the	
New Registered Office Address:	Florida	
(City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an		p Code) 1.
Signature of New Register		

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)

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 Doc 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.

<u>X</u> Change	<u>PT</u> <u>Joh</u>	<u>nn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sai</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	CODY Daukins	543 NW conover
Add			ST Port St Lucie,
Remove			FL 34983
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or a (Attach additional)	dding additional Arti I sheets, if necessary).	icles, enter change((Be specific)			
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<u>provisions for i</u>	t provides for an exchangementing the ame cable, indicate N/A)	nange, reclassificati indment if not cont	on, or cancellation ained in the amend	of issued shares, Iment itself:	
					
.,					

(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	The date of each amendment(s) ad date this document was signed.	ioption:	_, if other t	.han '
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 Oscillator Oscillator	Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
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action was not required. 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 Value	Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
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"The number of votes cast for the amendment(s) was/were sufficient for approval by Dated Object (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) MARGARE D CRAWFORD				
Dated O6/01/2022 Signature Massist William of the officer - (f. 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) MARGARET D CRAWFORD			2022 JUN	· r
Signature Massact Description (By a director, president or other officer – f. 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) MARGARE DE CRAWFORD	"The number of votes cast f	for the amendment(s) was/were sufficient for approval	22 2	
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Signature Signature Signa		(voting group)		
Signature Margaret Was Considered on the State of State o			(E) 23	
(By a director, president or other officer – f.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) MARGARE D CRAWFORD	Dated	6/01/2022		
(By a director, president or other officer – f.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) MARGARE D CRAWFORD	Signatura MA	sant Clerical		
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MARGARET D CRAWFORD	selected	I, by an incorporator – if in the hands of a receiver, trustee, or other court		
(Typed or printed name of person signing) Does in - T	арронис	1 C S		
(Typed or printed name of person signing) Processing - T		MARGAREI D CRAWFORD	<u>_</u>	
Dog it		(Typed or printed name of person signing)		
I WCT INDALI		PRESIDENT		