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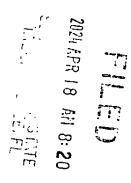
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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04/18/24--01023--007 **43.75







FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$8.75
Certificate of Status (optional)	\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COMMERCIAL P	LUMBING IN	
	IBER: P07000022212		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MARGARET CRAWFORD		
		Name of Contact Persor	1
	COMMERCIAL PLUMBING	GINC	
	-	Firm/ Company	
	1991 SE GIFFEN AVE		
	<u> </u>	Address	
	PORT ST LUCIE, FLORIDA	x 34952	
		City/ State and Zip Code	e
	DCRAW1169@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, please		285-1169
Name	of Contact Person	Area Co	_) 285-1169 de & Daytime Telephone Number
Enclosed is a check t	For the following amount made	payable to the Florida Depa	artment 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)
An Di	ailing Address mendment Section vision of Corporations	Amend Divisio	Address Iment Section on of Corporations
). Box 6327 Hahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810
Ta	llahassee, FL 32314	2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

• ••

POTO00022212 COMMERCIAL PLUMBING INC (Document Number of Corporation (if known) (Document Number of Corporation adopts the following amendments 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) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: N/A N/A	(Name of Corporation	as currently filed with the Florida	a Dept. of State)
tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmes Articles of Incorporation: NA The new name of the corporation: NA The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or 'Co.," A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Letter new mailing address MUST BE A STREET ADDRESS (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A (Florida street address) N/A (Florida street address)	207000022212 COMMERCIAL PLUMBING INC		7001 :00
arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendme staticles of Incorporation: If amending name, enter the new name of the corporation: If A	(Docume	nt Number of Corporation (if known) ******* 18 All 8: 20
The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS 1 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A (Florida street address) New Registered Office Address: New Registered Office Address: Florida Florida		Statutes, this Florida Profit Corporal	tion adopts the following amendmen
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ame 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." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A (Florida street address) New Registered Office Address: New Registered Office Address: , Florida	//A		The new
Enter new principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent (Florida street address) New Registered Office Address:	Inc.," or Co.," or the designation "Corp," "Inc,"	or "Co". A professional corporat	rated" or the abbreviation "Corp.,"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address:			
(Florida street address) Maw Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: Florida	rincipal office address <u>MOST BE A STREET ADDR</u>	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX) 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: N/A (Florida street address) New Registered Office Address:			
Name of New Registered Agent (Florida street address) New Registered Office Address:		N/A	
Name of New Registered Agem (Florida street address) New Registered Office Address:	· -		
Name of New Registered Agent (Florida street address) New Registered Office Address:			<u> </u>
Name of New Registered Agent (Florida street address) New Registered Office Address:			
Name of New Registered Agem (Florida street address) New Registered Office Address:	. If amending the registered agent and/or registere	d office address in Florida, enter tl	he name of the
Name of New Registered Agent (Florida street address) New Registered Office Address:	new registered agent and/or the new registered of	fice address:	
New Registered Office Address:, Florida	Name of New Registered Agent N/A		
New Registered Office Address:, Florida			
		(Florida street address)	
	New Registered Office Address:		. Florida
		(City)	(Zip Code)
			gations of the position.
	maring accorpt in approximent as regionarea agent. T		Same of the Land
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Signat	are of New Registered Agent, if chan	ging

 \square 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 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	JOHN BATALINI	461 SE SEABREEZE LN
X Add			PORT ST LUCIE, FL 34983
Remove			
2) X Change	VT	MARGARET D CRAWFORD	1991 SE GIFFEN AVE
Add			PORT ST LUCIE, FL 34952
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary). (ъе ѕресциој			
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If an amendment	provides for an exchan plementing the amend	ige, reclassification	n, or cancellation of	of issued shares.	
(if not applied	able, indicate N/A)	mem ii noi contan	ned in the amendi	ient usen.	
/A					
					
					
		<u> </u>			 .
				•	
					<u></u>
	<u> </u>			 -	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment ficient for approval.	n(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
2- LESTER CRAWFO	ORD & MARGARET D CRAWFORD	
<u> </u>	(voting group)	
04/15/2024 Dated		
Signature h	Janea At Cleanfail VT	
(By a d	irector, president or other officer – of directors or officers have not bee d, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ted fiduciary by that fiduciary)	MIT
	MARGARET D CRAWFORD	
	(Typed or printed name of person signing)	
	VP/T	
	(Title of person signing)	