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SECRETARY OF STATE
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ARASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations		•
NAME OF CORPORATION:	tollywood P	lumbing INC
DOCUMENT NUMBER: 207000	0031715	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Carlo	Name of Contact Person	
JC Holl	Firm/Company Plu	mbing Inc
6260 Baye	SON Bluch Address	
West Fal	M Beuch FT	33417
Hollwa	ed for future annual report notification)	D. Gmail Br
For further information concerning this matter,	, please call:	
Name of Contact Person	at (50) 1044 - Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount r	nade payable to the Florida Departi	ment 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)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		Profit Corporation adopts the following
A. If amending name, enter the new name The property of the p	n the word "corporation" complete designation "Corp," "Inc," or "	The new any," or "incorporated" or the Co". A professional corporation reviation "P.A."
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>		e as all
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> I		as as D'
D. If amending the registered agent and/or new registered agent and/or the new re		a, enter the name of the
Name of New Registered Agent:		N 20 PY
New Registered Office Address:	(Florida street address)	FELORIII.
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if change the Agent's Signature, if change the Appointment as registered the Appointment as registered to the Agent's Signature, if change the Agent's Signature, if		pt the obligations of the position.
	Signature of New Registered Agent,	if changing

 If amending the Officers and/or Directors, removed and title, name, and address of ea 	enter the title and name of each officer/director being
(Attach additional sheets, if necessary)	
Title Donald Ke	Address 1092 ISland Maw DAdd Span action Remove 2 Jan 6260 Sax Add Remove
VP - Carlo Roberto	D Jan 6260 Gascal I Add Block with a Remove
	Add Remove
E. If amending or adding additional Article (attach additional sheets, if necessary).	
provisions for implementing the amend	inge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	,

The date of each amendment	(s) adoption: $6-14-11$
Effective data if applicables	(date offadoption is required).
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/wei	re approved by the shareholders through voting groups. The following statemend 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 Coerl	(voting group) "
The amendment(s) was/wer 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	6-14-11
Signature (
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Carlo Jean.
	(Typed or printed name of person signing)
	D165.
	(Title of person signing)