P08000046210

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
•	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	

Office Use Only



400133816094

08/04/08--01055--014 **35.00

08 AUG 22 AH 8: 18
SECRETARY OF STATE

frank AUG 2 2 2008

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: designONE Plum	abing Contractor, Inc			
(Na	me of Corporation)			
DOCUMENT NUMBER: PUBUUU	040210			
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ALBERTO VELARDE				
(Name of Contact Person)				
designONE Plumbing Contractor, Inc				
247 SW 8th Street # 217				
Miami, Florida 33130 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Alberto Velarde	at (305) 860-0384 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status			
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy			
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			



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2008

ALBERTO VELARDE DESIGNONE PLUMBING CONTRACTOR, INC. 247 SW 8TH ST #217 MIAMI, FL 33130

SUBJECT: DESIGNONE PLUMBING CONTRACTOR, INC.

Ref. Number: P08000046210

We have received your document for DESIGNONE PLUMBING CONTRACTOR, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 608A00045356

SHECTIVE SOO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: designONE	E Plumbing Contractor,	lnc
DOCUMENT NU	MBER: <u>P08000046210</u>		
The enclosed Artic	cles of Amendment and fee an	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		M DEL BUSTO	
	(Name o	of Contact Person)	
	designONE F	Plumbing Contractor, I	nc
	(Fir	m/ Company)	
	247 SW 8	8th Street # 217	
		(Address)	
		, Florida 33130	
For further inform	ation concerning this matter,	tate and Zip Code) please call:	
WILLIAM DEL		at (305) 860-0	
	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount:		
□\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

DESIGNONE PLUMBING CONTRACTOR, INC

(Name of corporation as currently filed with the Florida Dept. of State)

FILED 18 AUG 22 AM 8: 18 SECRETARSEE FLOR SECRETARSEE FLOR

P08000046210

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporado* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Incorrect items:
Officer/Director Detail: Galceran, Gerardo S
2. Principal & Mailing Address: 274 SW 8th ST., Suite 217. Miami, FL 33130
Please correct above items to read as follows:
Officer/Director Detail: Gerardo Sixto Perez-Galceran
2. Principal & Mailing Address: 247 SW 8th Street # 217. Miami, FL 33130
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
(continued)

The date of each amendment(s) adoption: 08/14/2008
Effective date if applicable: 08/14/2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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)
ALBERTO VELARDE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35