P080000 77671

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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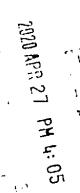
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COVER LETTER •

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A+ PLUMBING SERVICES, INC DOCUMENT NUMBER: P08000077671 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANUEL P SANCHEZ Name of Contact Person SANCHEZ & PADRON ASSOCIATES INC Firm/ Company 949 17TH STREET Address VERO BEACH, FL 32960 City/ State and Zip Code MANUELSM1@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANUEL P SANCHEZ at (321) 722-1040

Area Code & Daytime Telephone Number 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
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

01		
A+ PLUMBING SERVICES INC.		
(Name of Corporation as current)	y filed with the Florida	Dept. of State)
P08000077671		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporati	on adopts the following amendmen
A. If amending name, enter the new name of the corporation:		
A PLUS PLUMBING SERVICES INC		The new
name must be distinguishable and contain the word "corporation," "c" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	l professional corporati	nted" or the abbreviation "Corp.,"
P. Enter new principal office address if applicable:	NA	703
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	·	
	·	
		. 27
C. Fatan and a siling address if a maticable.		P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	'
<u> </u>		0.5
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		e name of the
Name of New Registered Agent NA		
(Florida str	reet address)	
New Registered Office Address: NA		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	i: N/A with and accept the oblig	gations 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, nat 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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		NA			
Add					
Remove					
2) Change		AİN			
Add				<u> </u>	
Remove 3) Change		ŊA			
Add					_
Remove					
4) Change		NA			
Add					
Remove					
5) Change		N/A	·		
Add					
Remove					
6) Change		_ N/A			
Add					
Remove					

E. <u>If amending o</u> (Attach <i>additio</i>	or adding additional Art conal sheets, if necessary).	icles, enter change(s (Be specific)) here:		
NA	,,	, . , pary			
					
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If an amendm provisions fo	ent provides for an exclusion implementing the ame	nange, reclassification	on, or cancellation	of issued shares,	
(if not ap	r implementing the ame plicable, indicate N/A)		med III III amerid	ment nacit.	
AN					
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				·	
					
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The date of each amendment(date this document was signed.	s) adoption: N/A	, if other t
Effective date if applicable:	NIA	
ancetive date in applicable.	(no more than 90 days after a	mendment file date)
	nis block does not meet the applicable statutor e Department of State's records.	y filing requirements, this date will not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of vere sufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting ged for each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient (or approval
by	(voting group)	.,,
Dated <u>Α</u> γ Signature	4/11/2020	
(By set ap)	odirector, president of other officer – if directored, by an incorporator – if in the hands of a rounded fiduciary by that fiduciary)	ors or officers have not been eceiver, trustee, or other court
	FRANCISCO FUENTES	
	(Typed or printed name of person	on signing)
	PRESIDENT	

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