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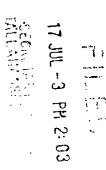
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JUL - 3 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ON DEMAND SEI	RVICE CORP		
DOCUMENT NUMBI				
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
J	OSUE D LEONARD			
_		Name of Contact Perso	n	
C	ON DEMAND SERVICE CO	DRP		
_		Firm/ Company		
l	6420 NW 17 COURT			
_		Address		
.\	MAMI GARDENS, FL 3305	54		
_		City/ State and Zip Cod	Ċ	
isa.bati	sta@yahoo.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
LINA BARROSO		at (345-8399	
Name of	Contact Person	at (305) 345-8399 Area Code & Daytime Telephone Numb		
Enclosed is a check for	he following amount made p	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)	
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

Articles of Amendment to Articles of Incorporation of

OM	DEV	LA NUD	SERV	CC	CORD

(Name of Corporation as currently filed wit	h the Florida Dept. of State)
1000002967	
(Document Number of Corporati	ion (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> Articles of Incorporation:	rofit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
N DEMAND PLUMBING AND SEPTIC CORP	The new
ime must be distinguishable and contain the word "corporation," "comp Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A proof "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	56 5
	7-7.
	ن ف الله الله
Enter new mailing address, if applicable:	70
(Mailing address MAY BE A POST OFFICE BOX)	
	02
If amending the registered agent and/or registered office address in Flor	rida, enter the name of the
the regimered agent and of the new regimered office address.	
Name of New Registered Agent	
(Florida street address))
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent.—I am familiar with and ac	cept the obligations of the position.
Signature of New Registered	

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	PT	John Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				. <u></u> .
Remove				-
4) Change		_		
Add				
Remove				
5) Change		 .		
Add				
Remove				
6) Change				
Add				
Remove				

macu aaaanma .	sheets, if necessary).	(Be specific)			
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provisions for im	provides for an exch iplementing the ame able, indicate N/A)	ange, reclassifica ndment if not cor	ntion, or cancellati ntained in the ame	on of issued shares, ndment itself:	
					

	06/30/2017	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	7 JUL -
■ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	7 JUL -3 PH 2: 03
06/30/20 Dated	7	2: 03
Signature	and KJ.	
sclect	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that liduciary)	_
	JOSUE D LEONARD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	