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SECRETARY OF SIAT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D.W.V. Plumbing	Inc.			
	BER: P10000014441				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Sherry Veres				
	Name of Contact Person				
	Firm/ Company				
	4705 Cedar Point Road				
	Jacksonville, FL 32226	Address			
	City/ State and Zip Code				
	5 veres@	gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call;			
Sherry Veres		904 at (477-2808		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

D.W.V. Plumbing Inc.	2021 NOV 18 AM 10: 47
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P10000014441	Z021 NOV 18 AM 10: 47 rently filed with the Florida Dept. of State) SECRETARY OF STATE TALL AHASSEC, FLORE
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	nn:
Sherry Veres Inc.	•••
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co "chartered," "professional association," or the abbreviation ".	The new n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word 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)	
N. 16 man direction of the control o	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	(tanta
I hereby accept the appointment as registered agent. I am fami	iar with and accept the obligations of the position.
C:	
Signature of No	w Registered Agent, if changing
Check if applicable	
\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	PT	John Doc	
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>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		·	
Remove			

	y). (Be specific)			
				
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ovisions for implementing the ar	mendment if not con	tion, or cancellat	ion of issued shar endment itself:	es,
n amendment provides for an exovisions for implementing the an	mendment if not con	tion, or cancellat tained in the am	ion of issued shar endment itself:	<u>es,</u>
ovisions for implementing the ar	mendment if not con	tion, or cancellat	ion of issued shar endment itself:	es,
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ovisions for implementing the ar	mendment if not con	tion, or cancellat	ion of issued shar endment itself:	es,
ovisions for implementing the ar	mendment if not con	tion, or cancellat	ion of issued shar endment itself:	cs,
ovisions for implementing the ar	mendment if not con	tion, or cancellat tained in the am	ion of issued shar endment itself:	es.
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ovisions for implementing the ar	mendment if not con	tion, or cancellal	ion of issued shar endment itself:	cs,

The date of each amendment(s) adoption:date this document was signed.	11/16/2021	, if other than the
Effective date if applicable: ///16/	202 no more than 90 days after amendmen	
, (6	no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does not document's effective date on the Department of St.	meet the applicable statutory filing relate's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators, or board of directors with	out shareholder action and shareholder
■ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes east proval.	for the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr	hareholders through voting groups. The coup entitled to vote separately on the	ne following statement amendment(s):
"The number of votes east for the amendr	ment(s) was/were sufficient for approv	al
by		,,
	group)	- ∙
	nt or other officer – if directors or officerator – if in the hands of a receiver, treather fiduciary)	
Sherry Veres	mu noderary)	
·		
•	ped or printed name of person signing)
President		
(Tit	tle of person signing)	

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