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2017 JUN 22 PH 3: 19

C. GOLDEN

JUN 2 7 2017

COVER LETTER

Division of Corporations NAME OF CORPORATION: Plumb Crazy Plumbers inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: Andrew Grzetich
Name of Contact Person Plumb Cruzy Plumbers 2763 Candlewood st Clear water FL 33 aq. plumbing City/State and Zip Code Olive. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

TO: Amendment Section

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

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Plumb Crazy Plui					111 0. 1
(Name of Corporation as		vith the Florida D	ept. of State)		
P10000031	466		3)	Mirke Je	**LUHEd
(Document)	Number of Corpor	ation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida</i>	Profit Corporation	adopts the foll	lowing am	endment(s) to
A. If amending name, enter the new name of the corpor	ration:				
				The	new
name must be distinguishable and contain the word "corp.," "Inc.," or Co .," or the designation "Corp," "I word "chartered," "professional a ssociation," or the abbr	Inc," or "Co". zi				
B. Enter new principal office address, if applicable:	2	763 C	andle	W000	Dot
(Principal office address MUST BE A STREET ADDRES		loar wa			
		3759		, ,	<u> </u>
	<u> </u>	0 / 0 [
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		763 Ca			51
	3	1000 wa 31759	TUT	7-6	
D. If amending the registered agent and/or registered of	office address in F	lorida, enter the n	ame of the		
new registered agent and/or the new registered offic	e address:				
Name of New Registered Agent					
	(Florida street addre	?ss)			
N D 2 200 411			til . ⊒ da		
New Registered Office Address:	(City)		Florida	(Zip Code)	
	•			•	
New Registered Agent's Signature, if changing Register					
I hereby accept the appointment as registered agent. I am	n familiar with and	accept the obligati	ions of the posi	tion.	
Signatura	e of New Registers	d Agent, if changin	10		

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	<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	P	Jeff Grzetich	1251 53 rd 40N
Add Remove			5+ Petersburg, FC 33703
2) X_ Change	P	Andrew Greetich	2763 Candlewood st Claur wither, FL
Remove 3) Change Add	·		33759
Remove			
4) Change Add Remove			
5) Change Add			
Remove			
6) Change Add			
Ramaya			~

. If amending or adding additional Arti (Attach additional sheets, if necessary).		
		<u> </u>
· ·		
* ************************************		
. If an amendment provides for an exch	ange, reclassification, or cancellation of	issued shares.
(if not applicable, indicate N/A)	ndment if not contained in the amendmen	
Andrew Grzet	ich - President	100% coner stip
		
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The date of each amendment(s) adoption: 5-31-2017	, if other than the
date this document was signed.	
Effective date if applicable: 5-31-2017 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Dated 5-3/-2017	
Dated 5-3/-2017	
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)	
Audrew Grzetich (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Title of person signing)	
(Title of person signing)	