P11000050939

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15 JUN 30 AM 8: 30

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Sprinkler Pros Inc.				
	JMBER:				
The enclosed Artic	cles of Amendment and fee are su	abmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Richard Levine				
		Name of Contact Person	1		
	Sprinkler Pros Inc.				
		Firm/ Company			
	5061 South road 7 suite 601				
	Address				
	Davie Florida 33314				
		City/ State and Zip Cod	e		
11	vaterboysprinkler@gmail.com				
		sed for future annual report	notification)		
	(0.00		,		
For further inform	ation concerning this matter, pleas	se call:			
Richard Levine		954 at (581-6455		
		de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Sprinkler Pros Inc.	15 JUN 30 AM 8: 30
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P11000050939	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
n/a	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS))
	And a state of the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amounting the project and a second sec	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
Nume of New Registered Agent	
	orida street address)
	•
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent:
r norvoy accept the appointment as registered agent. I am jai	тим чин апа ассері іне oouganons oj ine position.
Signature of	Now Registered Agent if changing

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 <math>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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	T	<u> </u>	Joseph Camuccio	5061 South State Road 7 Suite 601
x Add				Davie Florida 33314
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				,
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add			74	
Remove				
6) Changa				
6) Change		_		
Add				AND
Damaria				

(Attach additiona	dding additional Article l sheets, if necessary). (Be specific)	ere:		
adding officer					
* * ***********************************					
					<u> </u>

F. <u>If an amendmen</u>	t provides for an exchan mplementing the amend	ge, reclassification,	or cancellation of iss	sued shares,	
(if not appli	mpiementing the amend) cable, indicate N/A)	ment it not containe	ed in the amendment	itseii:	
n/a					
	77,144	Bride -			
		<u></u>	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad	6/22/15 loption:	if other than the
date this document was signed. 6/22	715	SEGRETARY OF STAFE DIVISION OF CURPORATIONS
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 JUN 30 AM 8: 30
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmental flicient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareh	oolder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	r
DatedSignature	hard Levine	
(By a di selected	rector, president or other officer – if directors or officers have not be I, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
•	Richard Levine	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	