PIACOCEOIUU

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



400320767924

11/15/18--01002--012 **35.00

8 NOV 15 AM 8: 17

NOV 2 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COMPLETE PLU	MBING SERVICES INC	
	BER: PO12000050166		
The enclosed <i>Articles</i>	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CHRISTOPHER ANDRES I	JRENA	
·		Name of Contact Perso	on
	COMPLETE PLUMBING S	ERVICES INC	
		Firm/ Company	·
	PO BOX 120126		
		Address	
	FORT LAUDERDALE, FL.	33312	
		City/ State and Zip Coc	le
CHR	ISU3016@GMAIL.COM		
	_	sed for future annual repor	t notification)
For further informatio	n concerning this matter, pleas	se call:	
	in concerning this matter, press	e cuir.	
CHRISTOPHER AN	DRES	954 at (801-8959
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section Ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address diment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COMPLETE PLUMBING SERVICES I	NC		
(Name (of Corporation as currently	filed with the Florida Dep	t, of State)
12/200050161	<u>0</u>		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this FI	lorida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corpore	prated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) ad/or registered office addres	ss in Florida, enter the nar	TALED TO SEE TO SE
Name of New Registered Agent	CHRISTOPHER A URENA		
	5828 MCKINLEY ST. HOL	LYWOOD, FL 33021	
	(Florida stree	t address)	
<u>New Regis</u> tered Office Address;	5828 MCKINLEY ST., HOL	.LYWOOD	. Florida
		ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligation	s of the position.
	· · · · · · · · · · · · · · · · · · ·		
	Signature of New Reg	ustered 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= Trustce; 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 D	<u>00e</u>	
X Remove	V	Mike J	<u>ones</u>	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		CHRISTOPHER A URENA	5828 MCKINLY STREET
$\frac{X}{Add}$				HOLLYWOOD
Remove				FL 33021
2) Change				
Add				
Remove				
3) Change		<u></u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Chan				
6) Change		_	<u> </u>	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
6	and the state of t
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment() date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
meetive date <u>in apprecable</u> .	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	n(s)
	approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareho	lder
action was not required.	adopted by the incorporators without shareholder action and shareholder	
OCTO Dated	BER 9TH 2018	
Signature	Elmin	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other econinted fiduciary by that fiduciary)	
	CHRISTOPHER A URENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	