

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
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JAN 27 2017

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Professional Emergency Nitigation Services, incomment number: P13 0000 60 991
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NELSON Martine Z Name of Contact Person 34/7 water & FIRE restoration Services IN.C Firm/Company 6625 MIAMI LAKES DR #518 Address MIAMI LAKES FL 33014 City/ State and Zip Code EMS 247 Restoration 4 hoo-Corn E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 709 3793 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (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 17 JAN 24 PM 12: 42

Articles of Incorporation of

Krokessional Emergency MI	figg from Gernices, INC
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P13000 60 991	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
24/7 Water & FIRE RESTORAT	Fron Bervices, INC. The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6625 MIAMI LANES DR SUITE 518
	MIAMI PAKES FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6625 NIAMI LAKES DR SUIFE 518'
	MIAMI LAKES FL 33014
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	//4
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
,	
N/A	
Signature of Ne	w 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 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:	c, and but	iy bililili, t	37 ua un 71uu.		/	/ /	
X Change	<u>PT</u>	John Do	<u>e</u>		A /	///-	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		/ V /	H	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	,		,	
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change	<u></u>	_					
Add							
Remove							
2) Change	_	_					
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add					,		
Remove							
6) Change		_					
Add							
Remove							

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
<u> </u>
·
If an amondment avanides for an avalance male siffertion as a small stirred in the same
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
<u> </u>

The date of each amendment(s) and date this document was signed.	option:, if other than
Effective date if applicable:	/-/9-17 (no more than 90 days after amendment file date)
- <u></u> -	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	" (voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
Dated	19-17
Signature	ector 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
appoint	ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)