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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: National Plumbing, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: National Plumbing, Inc. Miami Gardens, FL, 33055 City/ State and Zip Code National plumbing. Serve 9 mail. com
E-mail address: (to be used for future annual aport notification) For further information concerning this matter, please call: Toe\Vigoca at (305) 776-0796

Name of Conlact Person Area Code & Daytime Telephone Number 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 **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of		
National Plumbing, I	nc.	
(Name of Corporation as currently filed with the Flor	rida Dept, of State)	•
		_
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
		•
	•	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
		•
		-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
Hame of the Registered rigetti		
(Florida street	address)	
New Registered Office Address:	. Florida	, i .Šω
(City)	(Zip Code)	. 3 (5)
		BEORETAR ISION OF O
New Registered Agent's Signature, if changing Registered Agent:		<u>,</u>
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.	
		SIAI RAT
Signature of New Registered Ago	ent, if changing	10 = 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 De	<u>oc</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) X Change Add Remove	<u>P</u>		(Not a serior)	17710 nw 42ct, Mrami Gardens, FL, 33055		
2) Change Add		_				
Remove 3) Change Add		_				
Remove 4) Change Add						
Change Add				·		
Remove 6) Change Add Remove		_				

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated ///6//3		
selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	<u></u>
	(Typed or printed name of person signing)	
	President. (Title of person signing)	