## P1400074712

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** A-Team Plumbing Services Corp NAME OF CORPORATION: DOCUMENT NUMBER: P14000074712 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jolean Stuminski Name of Contact Person A-Team Plumbing Services Corp Firm/ Company 27825 SW 161 AVE Address Homestead, FL 33031 City/ State and Zip Code jelly1500@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jolean Stuminski Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

A-TEAM PLUMBING SERVICES CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P14000074712 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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: X Change	<u>PT</u>	John D	<u>loe</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u> .	Sally Smith					
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) Change	D		ROY RUSSELL	PO BOX 901585			
X Add				HOMESTEAD, FL 33090			
Remove							
2) Change		_					
Add			,				
Remove							
3 ) Change		_		· · · · · · · · · · · · · · · · · · ·			
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5) Change	<u> </u>						
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6) Change				•			
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Pamova							

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame	iange, reclassification, ndment if not containe	or cancellation of is d in the amendmen	sued shares, t itself:	
(if not applicable, indicate N/A)				
<u> </u>		<del> </del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(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 dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"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.	er .
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/01/2017 Dated	
Signature Man Stanti	
(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 courappointed fiduciary by that fiduciary)	
JOLEAN STUMINSKI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>