P1500011545

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: ER PLUMB BER: P1500001154		DITIONING, INC.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RONI ELGAZAR		
		Name of Contact Person	
,	ER PLUMBING 8	AIR CONDITION	ONING, INC.
		Firm/ Company	
	8373 W 26TH AV	/ENUE	
		Address	
	HIALEAH, FL 3	3016	
•		City/ State and Zip Cod	e
billi	ng@firstcall24-7.d	rom	
- Dilli		sed for future annual report	notification)
	· · · · · · · · · · · · · · · · · · ·		,
For further information	concerning this matter, pleas	se call:	
RONI ELGAZ	'AR	at (954	636-8877
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check 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)
	ing Address ndment Section	•	Address Iment Section

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 Articles of Incorporation

	F 11:	12 13	
15	MAR -6	PN	1:36

ER PLUMBING & AIR CONDITIONING, INC.

	Florida Dept. of State)
15000011545	
(Document Number of Corporation ((if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Corp," "Inc." or rd "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	8373 W 26TH AVE
incipal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33016
Fator and another address (for the black	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office add	description of the same of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	treet address)
(Florida st New Registered Office Address: (City	, Florida

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.

	kemove, ana Sali	y smun, sv as an Ada.	
Example: X Change	PT	John Doe	
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	OFFICER	ALYEK REYES	2640 NW 107TH AVE
Add Remove			SUNRISE, FL 33322
2) Change	VP	Sharona Elgazar	11352 W. State Rd. 81 Suite#37
Remove		•	Davie, FL 33325
3) Change	** 		
Remove			
4) Change	•=•••		- Dominion de la companya della companya della companya de la companya della comp
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

Samending or adding additional Artical Artical Artical Artical Additional Sheets, if necessary).	(Be specific)
,	
,	
f an amendment provides for an eyeb	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
•	
Effective date if applicable: FEBRUARY 4, 2015	
(no more than 90 days after amendment file date)	
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.	
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):	
"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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated FEBRUARY 24, 2015	
Signature	
(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 court appointed fiduciary by that fiduciary)	
appointed inductary by that inductary)	
RONI ELGAZAR	
(Typed or printed name of person signing)	**********
PRESIDENT	
(Title of person signing)	