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ALLAHASSEE, ALOND

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTONIO SPRIN	KLER REPAIR INC.	
	BER: P15000037153		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Jose A Romero		
		Name of Contact Persor	1
	ANTONIO SPRINKLER RE	PAIR INC.	
		Firm/ Company	
	1398 NW 79TH STREET LO	OT C 303	
		Address	
	MIAMI, FL 33147		
		City/ State and Zip Code	•
anto	nio-sprinkler-repair@hotmail.c	om	
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Luz Silveira		at (305	4983507
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	urtment 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)
	iling Address endment 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 to Articles of Incorporation of

AN	IONIO	SPRII	NKLER	KEP	AIK	INC.

(Name of Corporation as curren	<u>itly filed with the Florid</u>	a Dept. of State)
215000037153		
(Document Number	of Corporation (if known	n)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corpora	ttion adopts the following amendment
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional of	incorporated" or the abbreviation
. Enter new principal office address, if applicable:	N/A	42. 1
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
. Enter new mailing address, if applicable:	NI/A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	مامي ششي
, ,	· · · · · · · · · · · · · · · · · · ·	
		5
		32 · · · · · · · · · · · · · · · · · · ·
		Service of the servic
o. If amending the registered agent and/or registered office ad		
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
o. If amending the registered agent and/or registered office ad		
). If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
D. If amending the registered agent and/or registered office admess registered agent and/or the new registered office addresus N/A Name of New Registered Agent		
D. If amending the registered agent and/or registered office admess registered agent and/or the new registered office addresus N/A Name of New Registered Agent	<u>88:</u>	

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	PT	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>sv</u>	Saily Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	S	_	Luz M. Silveira	12859 SW 64th Lane
X Add				Miami, FL 33183
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	- North Address of the Control of th	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_ _		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen;
	. **

1	06.05.2017	
The date of each amendment(s) a	doption:	, if other than th
date this document was signed.	1	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	nte will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06.05.201 Dated	Elino M	
Signature	<u> </u>	
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	π
арроп	ted fiducially by that fiducially)	
	Jose A. Romero	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	