# P15000054472

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: <u>ALL PRO F</u> BER: <u>P1500005447</u>		CKFLOW, CORP
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GABRIEL VELAZ	ZQUEZ	
		Name of Contact Person	1
	ALL PRO PLUM		
		Firm/ Company	
	1930 NW 21 TEF	RRACE	
		Address.	
	MIAMI, FL 33142	) -	
		City/ State and Zip Cod	e
gal	bilocho61@gmail.	com	
	E-mail address: (to be us	sed for future annual report	notification)
		,	
For further information	on concerning this matter, pleas	se call:	
GABRIEL VE	ELAZQUEZ	at (786	, 231-7608
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
<b>5</b> \$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)

**Mailing Address** 

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 Articles of Incorporation**

### ALL PRO PLUMBING & BACKFLOW, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

	ime of the corporat	<u>ion:</u>
N/A		The
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc	poration," "company," or "incorporated" or the abbrevia ," or "Co". A professional corporation name must contain iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A
(i incipal office address <u>most be 15</u>	TREET TIDIOTESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
(Mutting duaress MAT BE A FOST)	OFFICE BOX	
D. If amending the registered agent an new registered agent and/or the new		ce address in Florida, enter the name of the
new registered agent and/or the nev	N/A	indiess.
Name of New Registered Agent	14// \	
Name of New Registered Agent	N/A	
Name of New Registered Agent	N/A	orida street address)
	N/A	NI/A
Name of New Registered Agent  New Registered Office Address:	N/A	orida street address), Florida N/A (City) (Zip Code)
	N/A	N/A

## 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 Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	<u></u>	ALCIBIADES AGUERO	1355 W 53RD ST		
Add			APT 202		
Remove			HIALEAH, FL 33012		
2) Change	N/A	N/A	N/A		
Add					
Remove					
3) Change	N/A ———	N/A	N/A		
Add					
Remove					
4) Change	N/A	N/A	N/A		
Add					
Remove					
5) Change	N/A	N/A	N/A		
Add					
Remove					
6) Change	N/A	N/A	N/A		
Add					
Remove					

attach additional sheets, if necessary).				
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f an amendment provides for an excl provisions for implementing the ame	hange, reclassifi	cation, or cancel	lation of issued s	<u>hares,</u>
(if not applicable, indicate N/A)	thament if not C	ontained in the a	menument usen	<u>.</u>
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The date of each amendment(s) adoption: 10/05/2016	, if other than th
date this document was signed.	
Effective date if applicable: 10/05/2016	
(no more than 90 days after amendment file date)	<del></del>
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)	
(voling 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_10/05/2016	
Signature University.	
(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)	<del></del>
GABRIEL VELAZQUEZ	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	