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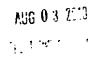
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: COUNTY PLUME	BING SERVICES, INC	
DOCUMENT NUMBE	P1500	0079125	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return ali corresp	ondence concerning this ma	tter to the following:	
	ENRICA BYWATE	RS	
_		Name of Contact Person	1
	COUNTY PLUMBI	NG SERVICES, INC	
_		Firm/ Company	
	2125 19TH STREE	Т	
_		Address	
	SARASOTA, FL 34	234	
_		City/ State and Zip Code	
	CPSINC14@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas)
Name of	Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	S43.75 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)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COUNTY PLUMBING SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P15000079125

P150	100019125
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp.," "Inc., word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ution "P.A."
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)	
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent	
	·
(Flor	rida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan Signature of	Agent: milliar with and accept the obligations of the position. New Registered Agent, if changing
	800 -

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	P	MICHAEL JUNGQUIST	
X Add			
Remove			<u> </u>
2) Change	Р	CLYDE BYWATERS	
X Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Channa			
6) Change Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
				-
	<u> </u>			· -
		<u> </u>		
				
	- .			
				<u> </u>
			_	
	· -	 -		
f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassifica	tion, or cancellati tained in the ame	ion of issued share endment itself:	<u>s,</u>
(if not applicable, indicate N/A)	IGHICIIC II HOL COII	tamed in the ame		
			·	
				-
				<u>-</u>

	7/23/2018	
The date of each amendment(s) a	loption:	, if other than th
date this document was signed.		
	3/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmentificient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholde	
·	20.40	
7/24/2 Dated	2018	
	Onrica Deltal	
	lifector, president or other officer – if directors or officers have not be	een
	d, by an incorporator - if in the hands of a receiver, trustee, or other	
	ted fiduciary by that fiduciary)	Jourt
- pp		
	ENRICA BYWATERS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	