## P1600000 37989

(Re	questor's Name)	
(Ad	dress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Empire Flumbing of SWFL, Incomment Number: PILe 00037989
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alfred M. Ferreras Jr.  Name of Contact Person  Empire Plumbing of SWFL, Inc.  Firm/ Company  1827 NW 21st Street  Address  Cape Coral F1. 33993  City/ State and Zip Code
HDFERRERAS @ GMATL.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  AIF TECH M. FETTET GS J J J J J J J J J J J J J J J J J J
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment 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

Empire Plumbing	of SWFL.	$\mathcal{L}$
(Name of Corporation as currently)	filed with the Florida Dept. of State)	
<u>P160000 37989</u>	1	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name i	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	S S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NJA	6 FH 3: C9
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent AIFFED M. 1827 NW	terreras Jr. 21ª Street	<u> </u>
New Registered Office Address: (Florida street)	, Florida	3399 <i>3</i> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Reg	h and accept the obligations of the posit. istered Agent, if changing	ion.

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	·
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Tavonte M. Maxwe	11 1827 NW 219 Street
Add		Cape Caral F1. 33993
Remove		, Appendix
2) Change	P Alfred M. Ferreras	1827 NW 21st Stree- Cape Coral, F1. 3399
Remove 3) Change Add	S Noel Chinea Cañete	950 Tropical Park Aw N. Ford Myers, Fl. 3390
Remove		· ·
4) Change Add Remove	D Edward Mcclain	3901 Del Prado BNd S # A 204 Cape Coral F1. 33904
Kelilove		Sope cardi, it
5) Change		<del></del>
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Remove		
6) Change		
Add		
Remove		

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provisions for imple	menting the ame	ndment if not o	ication, or cance	llation of issued	l shares,	

The date of each amendment(s) adoption:  date this document was signed.  , if other the
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
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 Aug. 30, 2016
Signature
(By a director, president or other officer – if directors or officers have not been
splected by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
HIFTED M. FETTETAS
(Typed or printed name of person signing)
- Hresiden+
(Title of person signing)