PNOQQOO 42412

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Remediation 911 Water Fire Mold of Broward (DOCUMENT NUMBER: P1600042412	bunty Inc
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anthony Massiminu Name of Contact Person	
Firm/ Company	
1319 Essex Drive	
Address	
Wellington, FL 33414 City/ State and Zip Code	
enthony or remediation 911. com E-mail address: (to be used for future annual report notification)	20 % 20 %
For further information concerning this matter, please call:	
Anthony Massimino at (561) 644.6776 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	30 50 1
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Remodiation 911 Water Fire Mold of (Name of Corporation as currently)	Broward County Inc.
	filed with the Florida Dept. of State)
P160000 42412 (Document Number of C	Corporation (II known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation: Remediation 911 Holdings name must be distinguishable and contain the word "corporation." "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	The new propertied or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1319 Essex Drive Wellington, F1 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA 25 15 15 15 15 15 15 15 15 15 15 15 15 15
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Anthony Mas 1319 Essex Dr (Florida street)	simino 9: 28 state
New Registered Office Address: Wellington	. Florida 33414 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Reg.	h and accept the obligations of the position. istered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	-// ₁	
Add	N/H	
Remove	• /	
2) Change		
Add		
Remove 3.) Change		
Add		
Remove		
4) Change		
Add		
Remove		
51 Change		
Add		
Remove		
6) Change		
Add		
Remove		-

Attach <i>additiona</i>	adding additional Articles sheets, if necessary).				
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<u>provisions for i</u>	mplementing the amer cable, yidicate N/4)	ndment if not cont	ained in the amen	dment itself:	
tij nor appri	1/A				
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The date of each amendment(s) adoption:date this document was signed.	3/5/20	, if other than the
Effective date if applicable:	3 5 20 (no more than 90 days after amendment)	St. 1
Note: If the date inserted in this block does no document's effective date on the Department of		uirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		r the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by <u>Anthony</u>	Massiminu ing group)	
Dated3 5 20		
	ident or other officer – if directors or office orporator – if in the hands of a receiver, true by that fiduciary)	
	Anthony Massimino Typed or printed name of person signing)	
\overline{C}	President Title of person signing)	