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AUG 2 8 2019 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: M & L POOL PLU	JMBING, CORP	·	
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MODESTO CABO JR			
		Name of Contact Person	1	
	M & L POOL PLUMBING.	CORP		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
	10527 CHADBOURNE DR	, ma Company		
		Address		
	TAMPA, FL 33624			
		City/ State and Zip Cod	e	
mode	stocabojr@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
MODESTO CABO JI	₹	813 at (	528-2927	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
	-			
S35 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			Address	
	endment Section		Iment Section	
	ision of Corporations . Box 6327	Division of Corporations Clifton Building 2661 Executive Center Circle		
	ahassee, FL 32314			
		Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

M & L POOL PLUMBING, CORP

(Name of Corporation	as currently filed with the Florida	Dept. of State)
P17000021551		
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	catutes, this Florida Profit Corporation	on adopts the following amendment(s
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional con	
B. Enter new principal office address, if applicable:		<del></del>
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u></u>	<u>∓% <b>6</b></u>
		A B P
		201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ν. · · · · · · · · · · · · · · · · · · ·
		80 Par
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		name of the
Name of New Registered Agent		<del></del>
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a		ttions of the position.
Signati	re of New Registered Agent, if chang	ing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = Clear Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>				
		Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	S	OSMAR FIGUERAS DISOTUAR	7111 N ROME AVE		
X Add			TAMPA, FL 33604		
Remove					
2) Change					
Add			· · · · · · · · · · · · · · · · · · ·		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attac	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
NONE	
<u></u>	
F Ifan	mendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	sions for implementing the amendment if not contained in the amendment itself:
	fnot applicable, indicate N/A)
NONE	
<del></del>	

	t(s) adoption:	, if other than
date this document was signed	08/13/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendme rere sufficient for approval.	nt(s)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ere adopted by the board of directors without shareholder action and shareholder	older
action was not required.  08/13  Dated  Signature (1)	By a director, the incorporator officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other experience of fiduciary by that fiduciary)	ren
	MODESTO CABO JR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>

as