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(Business Entity Name)
(Document Number)
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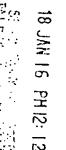


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And R. WHITE

JAN 1 8 2018





COVER LETTER

TO: Amendment Section Division of Corporations

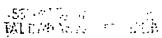
NAME OF CORPORATIO	N: PPP PLUMBING	STAFF INC		
DOCUMENT NUMBER:	218000000380			
The enclosed Articles of Amo		bmitted for filing.		
Please return all corresponde	nce concerning this ma-	tter to the following:		
PEDR	O A CECILIA			
		Name of Contact Person	1	
ррг р	LUMBING STAFF IN	С		
		Firm/ Company		
25410	SW 137 AVE APT 20	3		
		Address		
НОМ	ESTEAD, FL 33032			
		City/ State and Zip Cod	e	
pedroarturoo	ecilia@gmail.com			
E	-mail address: (to be us	ed for future annual report	notification)	
For further information conce	rming this matter, pleas	se call:		
PEDRO A CECILIA		at (⁷⁸⁶	3498201	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made i	payable to the Florida Depa	urtment 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 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

FUSD

Articles of Amendment to Articles of Incorporation of

18 JAN 16 PH 12: 12



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(Name	of Corporation as currently	y filed with the Florida Dept. of State)
P18000000380		
·	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
NOT APPLICABLE		The new
	nation "Corp." "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	NOT APPLICABLE
(Principal office address MUST BE A S		
		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	NOT APPLICABLE
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	NOT APPLICABLE	
Name of New Registered Agent		
	(Florida stro	pet address)
	(* ************************************	
New Registered Office Address:		(City) (Zip Code)
		•
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New R	voistered Agent if changing

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: XChange	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	P	Pedro A. Cecilia	25410 SW 137 AVE
Add			APT 203
Remove			HOMESTEAD FL 33032
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
Amending the Officers; the correct last name is "CECILIA", not "CCILIA".			
It is missing on address "Apt 203"			
			
			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
			

	January 02, 2018	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	03.7010	
Effective date if applicable:	anuary 02, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this di Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
January Dated	11, 2018	
Signature	Danfres	
	a director, president or other officer - if directors or officers have not been	
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other cou	
app	ointed fiduciary by that fiduciary)	
	Pedro A Cecilia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	