

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

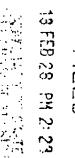
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AMKA PLUMBIN	NG CORP	
	IBER: P18000013875		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	ABDIEL GUERRA		
		Name of Contact Person	1
	AMKA PLUMBING CORP		
		Firm/ Company	
	1613 CYPRESS RIDGE DR		
		Address	
	ORLANDO, FL 32825		
		City/ State and Zip Cod	2
For further informati	E-mail address: (to be use on concerning this matter, please	sed for future annual report	notification)
ABDIEL GUERRA		407	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMKA PLUMBING CORP	

(Name of Corporation	n as currently filed with the Florida Dept. of State)		
P18000013875			
(Docume	ent Number of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	ollowing amendme	ent(s)
A. If amending name, enter the new name of the cor	poration:		
		The nev	st'
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc." or "Co". A professional corporation name	the abbreviation must contain the	n e
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDF</u>	RESS)	145 a	
		To ro	=
C. Enter new mailing address, if applicable:		5 50 -	í M
(Mailing address MAY BE A POST OFFICE BOX	Ú		O
		· 特别 23	
D. If amending the registered agent and/or registere	and office address in Florida, enter the name of the		
new registered agent and/or the new registered o			
Name of New Registered Agent			
Name of New Registered agent			
	(Florida street address)		
New Registered Office Address:	. Florida		
ness negative topice nuavess.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I		sition.	
The control of the co	,,		
		·	
Signa	ture of New Registered 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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
Title	<u>Name</u>	<u>Addres</u> s
D	GUERRA, MIRLA M	1613 CYPRESS RIDGE DR
		ORLANDO, FL 32825
VP	GUERRA, ALLISON N	1613 CYPRESS RIDGE DR
		ORLANDO, FL 32825
	_	
	V SV Title	V Mike Jones SV Sally Smith Title Name D GUERRA, MIRLA M

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,- <u>u</u>		-			
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an amendment provides for an exchange, 1	reclas <u>sificatio</u>	on, or cancella	tion of issued	shares,	
orovisions for implementing the amendmen (if not applicable, indicate N/A)	t if not conta	iined in the an	iendment itself	<u>f:</u>	
· · · ·					
	_				-
					
		·			
			 -		

• • •	02/22/2018	
The date of each amendment(s) a date this document was sigued.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
02/22/201		
Dated Signature	Million S	_
(By a' select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ABDIEL GUERRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	