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Certified Copies	_ Certificates	of Status
Special Instructions to		
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JUN 2 5 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: MBR PLUMBING	G PROS, INC		
DOCUMENT NU	P19000023693			
The enclosed Artic	les of Amendment and fee are st	abmitted for filing.		
Please return all co	rrespondence concerning this ma	atter to the following:		
	Gregory Moore			
		Name of Contact Perso	n	
	Ready For Tax, Inc			
		Firm/ Company		
	477 Hutchinson Ln			
		Address		
	Saint Augustine, FL 32095			
		City/ State and Zip Cod	e	
ini	o@readyfortax.com			
-	-	sed for future annual report	notification)	
	E man address. (to be a	ned to recore unital report	notineationy	
For further informa	tion concerning this matter, pleas	se call:		
Gregory Moore		386) 316-0312 de & Daytime Telephone Number	
Name of Contact Person Area Code			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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 Clitton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MBR PLUMBING PROS, INC

(Name of Corporation as curren	ntly filed with the Florida Dept.	of State)	
P19000023693			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is <i>Florida Profit Corporation</i> ad	opts the following amendmo	ent(s) to
A. If amending name, enter the new name of the corporation:			
N/A		<i>T</i> 1	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	The new rated" or the abbreviation tion name must contain the	1
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		50 6	
			<u> </u>
C. Enter new mailing address, if applicable:	N/A		(11) [
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			1
			<u>-</u> -
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the nam	e of the	
new registered agent and/or the new registered office addre	255:	C.VI VIIIC	
Name of New Registered Agent N/A			
(Florida s	street address)		
New Revistered Office Address: N/A		Florida	
	(City)	(Zip Code)	
	·		Florida(Zip Code)
ent's Signature, if changing Registered Ager	nt:		
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations	of the position.	
Signature of New	Registered Agent, if changing	<u> </u>	

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	<u>PT</u>	John Doe			
X Remove	\underline{V}	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	VP	SCHW	AB, ROBERT	386 NORTHWEST HITH AVE	
Add				CORAL SPRINGS, FL 33071	
X Remove					
2) Change					
Add				•	
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary) A				
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If an amendment provides for an exc	change, reclassification	on, or cancellation o	of issued shares	
provisions for implementing the am	endment if not conta	ined in the amendo	nent itself:	
(if not applicable, indicate N/A)				
				
			<u> </u>	· · · · · · · · · · · · · · · · · · ·
				
<u> </u>				
		,		

The date of each amendment(s) a date this document was signed.	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 bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were appropriately provided for	proved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
06/11/2019		
Dated		
Signature	Duan Namhan	
selected	rector, president or other officer – if directors or officers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	Brian Hanshaw	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	