PIPOCOCO GALLOS

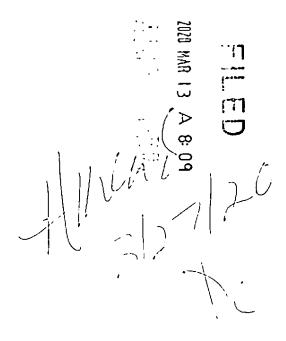
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Pile Leak Sorvice Repair, Corp DOCUMENT NUMBER: P 19 0000 944 08 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eduard Suarez Firm/ Company 174 Drive. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eduard Suarrz at (786) 877 - 9128

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Pipe U	eak Somice Repair Corp
	y filed with the Florida Dept. of State)
	80449 0000 91408
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Co"." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered" "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5380 NW 174 DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miani borders, Fl 33055
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	Ξ Π
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	E Same Florida, enter the hanne of the
Name of New Registered Agent Eduard S	IARZ D
5380 NW 174	4 Drive
k s	2000
	(Cir.) . Florida 38055 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent; I am feutliar w	, with and accept the obligations of the position
x Allend	an and accept the vongations by the position.
Signature of New Re	egistered 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 Doe is listed as the PST and Mike Jones is listed as the F. 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	PT John I	<u>Doe</u>	
X Remove	V Mike	Jones .	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) 4 Change Add Remove	P	Eduard Suarez	5380 NW 174 Drive. Wari Gardens Pl. 33055
2) Change			
Add Remove Change	V.P	Elvia Ferrer	5380 nw 174 Drive tuals barders 17 33055
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd		<u></u>	
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
,				
				
- -				
•				
······································				
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,			
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:			
(9 1127 (44) 1111111111111111111111111111111111				

No.

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholde	r action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendation of the approval.	ment(s)
	roved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s).	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	rector, president or other officer – if directors or officers have not	
	l, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	r court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Presiden I	F-F-F-1 1 1 2 2 2 2 2
	(Title of person signing)	