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COVER LETTER

TO: Amendment Section

Division of Corporations **BACKFLOWS ONLY** NAME OF CORPORATION: W21000001875 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT NELSON III Name of Contact Person BACKFLOWS ONLY Firm/ Company 1011 BANKS RD Address MARGATE, FL 33063 City/ State and Zip Code ROBBYNELSON3@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT NELSON III Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BACKFLOWS ONLY

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	(Name of Corporation as cu	urrently filed with the Whorida Dept. of State)
W21000001875	2620000169	SECRETARY OF STATE
	(Document Nur	imber of Corporation (if known AHASSEE, FL
Pursuant to the proits Articles of Inco		es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending n	name, enter the new name of the corporati	tion:
		The new
"Inc.," or Co., "		ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
	incipal office address, if applicable:	
(Principal office a	address <u>MUST BE A STREET ADDRESS</u>))
	ailing address, if applicable: ess <u>MAY BE A POST OFFICE BOX</u>)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ice address in Florida, enter the name of the
new registered	d agent and/or the new registered office a	iddress:
Name of i	New Registered Agent	
	(Flo	orida street address)
<u>New Regi</u>	istered Office Address:	, Florida
		(Ciry) (Zip Code)
<u>New Regi</u>		orida street address), Florida (City) (Zip Code)
New Registered A	Agent's Signature, if changing Registered	Agent.
		miliar with and accept the obligations of the position.
	Signature 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.

Example: <u>X</u> 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	٧	LACEY M. NELSON	1011 BANKS RD
X Add			MARGATE, FL 33063
Remove			
2) Change	S	STEPHEN A. LABRUYERE	8333 NW 14TH CT
X Add			CORAL SPRINGS, FL 33071
Remove	•		1011 BANKS RD
3) Change	<u>P</u>	ROBERT A. NELSON III	MARGATE, FL 33063
X Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

A	heets, if necessary).	(ве ѕресінс)			
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		···			
If an amendment p	rovides for an exch plementing the ame	nange, reclassificat	ion, or cancellati	on of issued share: ndment itself:	<u>5.</u>
(if not applica	ble, indicate N/A)	1000000			
4					
	-				
					
			·		

The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirement to Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amore sufficient for approval.	endment(s)
	e approved by the shareholders through voting groups. The followin d for each voting group entitled to vote separately on the amendmen	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	. .	
	(voting group)	
Dated	March 12, 2021	
(B se	y a director, president or other officer – if directors or officers have relected, by an incorporator – if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary)	
	ROBERT A. NELSON III	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	