## P21 000 053122

| (Requestor's Name)   |
|--|
|  |
| (Address)  |
|  |
| (Address)  |
|  |
| (City/State/Zip/Phone #)   |
|  |
| PICK-UP WAIT MAIL  |
|  |
| (Business Entity Name)   |
|  |
| (Document Number)  |
|  |
| Certified Copies Certificates of Status  |
|  |
| Control of the contro |
| Special Instructions to Filing Officer:  |
| :  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



000394200210

09/27/22--01006--004 \*\*43.75



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| NAME OF CORPORATION: HUMMEYNEAU PLYMBING INC.  |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |  |
| Alc Jan dro Sanchez Jr  Name of Contact Person   |  |  |  |  |  |  |
| Hammerhead Plumbing INC.   |  |  |  |  |  |  |
| 145Ad 2M 150 Ct.   |  |  |  |  |  |  |
| Michal Fl 33186  |  |  |  |  |  |  |
| City/ State and Zip Code   |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |  |
| E main dadress. (to be used to ratale distant report non-reaction)   |  |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |  |
| Ale landro Sunchez de al 1954 505-0702   |  |  |  |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number  |  |  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |  |  |  |  |  |
| \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee  |  |  |  |  |  |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation HUNIMERN**CO d** ation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation, 'company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (l'lorida street address) New Registered Office Address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

## 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)

Add

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.

| Mike Jones, V as Remov  Example: | e, and Sai | ly Smith, SV as an Add. |                 |
|----------------------------------|------------|-------------------------|-----------------|
| X Change                         | <u>PT</u>  | John Doc                |                 |
| X Remove                         | <u>V</u>   | Mike Jones              |                 |
| _X Add                           | <u>\$V</u> | Sally Smith             |                 |
| Type of Action<br>(Check One)    | Title      | <u>Name</u>             | <u>Addres</u> s |
| 1) Change                        |            |                         |                 |
| Add                              |            | 1                       | <del> </del>    |
| Remove                           |            | Ĭ                       | <b>J</b>        |
| 2)Change                         |            |                         |                 |
| Add                              |            | 1/                      |                 |
| Remove Change                    |            | _                       |                 |
| Add                              |            |                         |                 |
| Remove                           |            |                         |                 |
| 4) Change                        | <b>\</b>   | _                       | F               |
| Add                              |            |                         |                 |
| Remove                           |            |                         |                 |
| 5) Change                        |            |                         |                 |
| Add                              |            |                         |                 |
| Remove                           |            | $\bigvee$               |                 |
| 6) Change                        |            |                         |                 |
|                                  | 1          |                         |                 |

|                  | ng or adding additional Articles, enter change(s) here:<br>litional sheets, if necessary). (Be specific)  |                 |
|------------------|---|-----------------|
|                  |   |                 |
|                  |   |                 |
| _                |   | -               |
|                  |   | _               |
|                  | <u> </u>  |                 |
|                  |   |                 |
|                  |   | _               |
|                  |   | <del></del>     |
| _                |   | _               |
|                  |   | _               |
|                  |   |                 |
| <u> </u>         |   | _               |
|                  |   | _               |
|                  |   | _               |
|                  |   |                 |
|                  | )   |                 |
|                  |   | _               |
|                  |   | _               |
|                  |   |                 |
|                  |   |                 |
| an amei          | ndment provides for an exchange, reclassification, or cancellation of issued shares,                      |                 |
| <u>provision</u> | s for implementing the amendment if not contained in the amendment itself:<br>t applicable, indicate N/A) |                 |
| (1) 110          | Appreciate, maleure (011)   |                 |
|                  | · ' ' '   | _               |
|                  |   | _               |
|                  |   |                 |
| -                |   |                 |
|                  |   | <del></del>     |
|                  |   | _               |
|                  |   | <del></del><br> |
|                  |   | <del></del><br> |
|                  |   | <del></del>     |

| The date of each amendment(s) adoption:  | , if other than the    |
|--|------------------------|
| date this document was signed.   | _                      |
| Effective date if applicable: SCHTMD(Y 19, 2022  |                        |
| (no more than 90 days after amendment file date)   |                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.                          | I not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                        |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.  | i shareholder<br>2022  |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   | 20 ·                   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)   |                        |
| Dated September 19, 2022   |                        |
| Signature Signature  |                        |
| (By a director, president or other officer - if directors or officers have not been  | <del></del>            |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                        |
| Melanoda Sanciona  |                        |
| (Typed or printed pages of pages of spine)   |                        |
| (Typed or printed name of person signing)  |                        |
| UWN(Y  |                        |
| (Title of person signing)  |                        |