Florida Department of State Division of Corporations

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To:

Division of Corporations

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Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone

: (305)226-8727

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emeil	Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN KLAST PIPE CLEANING INCORPORATED

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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TO: Amendment Section

COVER LETTER

Division of Con	porations			
NAME OF CORPO	RATION: KLAST PIPE CLE	ANING INCORPORATE	<u> </u>	
DOCUMENT NUM	P210000060851			
		1 To 1 17 19 19 19		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	LUCIA ESTRELLA			
	Name of Contact Person LICENSES & PERMITS		1	
		Firm/ Company		
8300 W FLAGLER ST SUITE 114 Address MIAMI, FL 33144				
City/ State and Zip Code			8	
	luciaestrella@bellsouth.net			
	-	od for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Lucia Estrella		at (305	226-8727	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artiment of State:	
\$35 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)	
	tiling Address		Address	
	nendment Section	Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	llahassee, FL 32314		J. Monroe Street, Suite 810	
A TRANSPORTED BY & BU UP BUT O T		Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

	of	
KLAST PIPE CLEANING INCORPORATED		
(Name of Corpor	ration as currently filed with the Florid	la Dept. of State)
P210000060851		
(Do	cument Number of Corporation (if know	(a
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new name of th	e corporation:	
KLAST PIPE DRAINING INC		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inchartered," "professional association," or the ab	nc," or "Co". A professional corpore	
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or register new registered agent and/or the new register Name of New Registered Agent		the name of the
	(Flortda street address)	
New Registered Office Address:	(Florida street address)	, Florida

Signature of New Registered Agent, if changing

Check if applicable

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

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	vp	Luc Oreste	9143 SW 36 S.
Add			MUQUOL FI 33025
Remove	_		0721 711 15 D
2) Change	<u>T</u>	Tonty Francoeur	7/1 3W 1330
Add X			POMPIDINE PINESTI
Remove 3) Change	VP	Line Etienne	
Add			91435W 36X
X Remove			MINUMAR FI 35025
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Federal ID #87-1484964	
	
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

	Nov 10 2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	ov 10 2021	
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	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Nov 10 2 Dated	2021	
	mus francis us	
Signature / X	director, president or other officer - if directors or officers have not bee	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other co	
	inted fiduciary by that fiduciary)	
	Sonia Francoeur	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	

FILED

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ALLYBASSEE FLORIDA