Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

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

| Ema1 | .1 | Address: | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN 1800 PLUMBER OF DELRAY CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

DEC 16 2021

A LUNT

COVER LETTER

| TO: Amendment Section Division of Corporati | ODS | | | | | | | | |
|--|---|--|-----------------------------------|--|-----------------------------|---------------------------|-------------------|---------------|--------------|
| NAME OF CORPORAT | ION: 1800 PLUMBER | OF DELRAY C | ORP | | | | | | |
| DOCUMENT NUMBER | | | | | | | | | |
| The enclosed Articles of A | mendment and fee are so | abmitted for filin | g . | | | | | | |
| Please return all correspond | dence concerning this ma | atter to the follow | ving: | | | | | | |
| LUC | CIA ESTRELLA | | | | | | | | |
| | | Name of Con | ntact Person | - | | | | | |
| LIC | ENSES & PERMITS | | | | | | | | |
| | | Firm/ Co | трапу | | | | | | |
| 8300 | WEST FLAGLER ST | | . , | | | | | | |
| Address | | | | | | | | | |
| MIAMI, FL 33144 City/ State and Zip Code LUCIAESTRELLA@BELLSOUTH.NET | | | | | | | | | |
| | | | | | | E-mail address: (to be us | ed for future and | ual report no | otification) |
| | | | | | For further information con | coming this matter pleas | re cali: | | |
| | | - CM11. | | | | | | | |
| LUCIA ESTRELLA | | at (| 05 | 2268727 | | | | | |
| Name of Cor | ntact Person | | Area Code | & Daytime Telephone Number | | | | | |
| Enclosed is a check for the | following amount made p | payable to the Fl | orida Depart | ment of State: | | | | | |
| \$35 Filing Fee [| S43.75 Filing Fee & Certificate of Status | S43.75 Filin Certified Co (Additional c enclosed) | рy | \$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 | | | Division of The Cent 2415 N. I | dress int Section if Corporations re of Tallahassee Monroe Street, Suite 810 e, FL 32303 | | | | | |

Articles of Amendment to Articles of Incorporation of

| 1800 PLUMBER OF DELRAY CORP | |
|--|---|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) |
| P21000091172 | |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | is Florida Profit Corporation adopts the following emendment(s) t |
| A. If amending name, enter the new name of the corporation; | |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word |
| . Enter new principal office address, if applicable: | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | 20: |
| | 2021 DEC |
| | |
| Enter new mailing address, if applicable: | - 변경 5 명 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| . <u>If amending the registered agent and/or registered office adding new registered agent and/or the new registered office address</u> | dress in Florida, enter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida st | treet address) |
| New Registered Office Address: | . Florida |
| | (City) (Zip Code) |
| | |
| ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar | <u>t:</u> with and accept the obligations of the position. |
| Signature of New R | Registered Agent, if changing |
| heck if applicable | |
| The amendment(s) is/are being filed pursuant to s. 607.0120 (11) | (e), 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 | PI | Iohn Dos | | | |
|-------------------------------|--------------------------|-----------------|---------------------|--|--|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | | |
| 1) Change | DIR | GUTIERREZ, OMAR | 3480 NE 15TH DRIVE | | |
| XAdd | | | HOMESTEAD, FL 33033 | | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove Change | | | | | |
| Add | | • | | | |
| Remove | | | | | |
| 4) Change | | <u> </u> | | | |
| Add | | | | | |
| Rémove | | | | | |
| 5)Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
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| | (Be specific) |
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| <u>provisions</u> for implementing the amer | ange, reclassification, or cancellation of baued shares, andment if not contained in the amendment itself: |
| f an amendment provides for an exch provisions for implementing the amer (if not applicable, tudicate N/A) | ange, reclassification, or cancellation of bassed shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
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| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |

| | 12/14/2021 | |
|--|--|--|
| The date of each amendment(s) a date this document was signed. | loption: | , if other than the |
| | 4/2021 | |
| | (no more than 90 days after amendment) | file date) |
| Note: If the date inserted in this bedocument's effective date on the De | ock does not meet the applicable statutory filing requartment of State's records. | uirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without | t shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | oted by the shareholders. The number of votes cast for ficient for approval. | r the amendment(s) |
| must be separately provided for | roved by the shareholders through voting groups. The each voting group entitled to vote separately on the and or the amendment(s) was/were sufficient for approval | mendment(s): |
| • | (voting group) | /n 🗇 |
| 12/14/202 Dated Signature | | 6 AM 10: 17 |
| selected | ector, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary) | rs have not been dee, or other court |
| | CRISTIAN FERNANDEZ | |
| • | (Typed or printed name of person signing) | |
| į | ECRETARY | |
| - - | (Title of person signing) | |