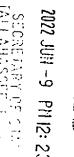
# P22000014663

Office Use Only



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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ASAP PLUMBING REPAIRS INC DOCUMENT NUMBER: P22000014663 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michal Hasidi Name of Contact Person ASAP Plumbing Repairs Inc. Firm/ Company 3951 SW 41st St Address West Park, FL 33023 City/ State and Zip Code office.heavenscent@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michal Hasidi Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

# Articles of Amendment Articles of Incorporation of

ASAP PLUMBING REPAIRS INC			SECON -9 PHIZ
(Name	of Corporation as current	tly filed with the Florida De	ept. of State) ALL ARY DE
P22000014663			TWINGSEE ST.
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co",	A professional corporation	The new l' or the abbreviation "Corp" name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		3951 SW 41 STREET	
		WEST PARK, FL 3302;	}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3951 SW 41 STREET	
		WEST PARK, FL 33023	
D. If amending the registered agent ar new registered agent and/or the ne			ame of the
Name of New Registered Agent	MICHAL HASIDI		
	3951 SW 41 STREET		
	(Florida st	reet address)	
New Registered Office Address:	WEST PARK		Florida
		(City)	(Zip Code)

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.

## 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 = Chairmon 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

Add

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	MGR	ZVI YOSIFON	2450 HOLLYWOOD BLVD
Add			SUITE 703
X Remove			HOLLYWOOD, FL 33020
2) Change	Р	MICHAL HASIDI	3951 SW 41 STREET
X Add			WEST PARK, FL 33023
Remove Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			

Attach additional sheets, if necessary). (Be specific)	
<b>L</b>	
	<del></del>
If an amountment associate for an explanation continue as a second	of Journal about
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend	or issued shares, ment itself:
(if not applicable, indicate N/A)	
•	140
	190819

	06/01/2022	
The date of each amendment(s) adoption date this document was signed.	a:	, if other than
06/01/2022		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement ording group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
INCORPORATOR by	••	
***	(voting group)	
06/01/2022 Dated		
17aled	11	
Signature W	i Yositan	
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court	_
	iciary by that fiduciary)	
ZVLY	OSIFON	
<del></del>	(Typed or printed name of person signing)	
INCO	RPORATOR/ MANAGER	

(Title of person signing)

the

the