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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	·)
(Do	ocument Number)	<u> </u>
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2023 AUS 21 PH 12: 3

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ame Corzo

Name of Contact Person Firm/ Company 1764 NW Madrid War E-mail address: We be used for future annual report notification) For further information concerning this matter, please call: at (754) 444-1252 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

	Articles of Incorpor	ration	tro	
	of			يس أيم
GX	Plumbing	Tuc.	•	
(Name of Corpo	ration as currently file	with the Florida Dept. of	State 4023 AUS 21	Pri 12
P27	20000270	11		100
	cument Number of Corp		1 - 1	7, <u>7, 5, 7</u>
rsuant to the provisions of section 607,1006, Flo Articles of Incorporation:	orida Statutes, this <i>Florid</i>	la Profit Corporation adopt	s the following amen	dment(s
If amending name, enter the new name of th	ie corporation:			
	_	ing Inc.	Th_{ij}	nan.
Platoo me must be distinguishable and contain the word nc.," or Co.," or the designation "Corp," "h chartered," "professional association," or the a	lnc," or "Co". A proj	my," or "incorporated" or t fessional corporation name	the abbreviation "Co must contain the v	rp.," vord
Enter new principal office address, if applications of the principal office address MUST BE A STREET.			/	_
Enter new mailing address, if applicable:	_			_
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>			_
If amending the registered agent and/or reg new registered agent and/or the new registe		a Florida, enter the name o	of the	
Name of New Registered Agent		,		
	/	,		
	(Florida stryet ad	dress)		
New Registered Office Address:		F1	orida	
	(City)		orida <u>(Zip Code)</u>	
	:			
ew Registered Agent's Signature, if changing nereby accept the appointment as registered age		nd accept the obligations of	the position.	
	/			
	Signature of New Registe	rred Agent, if changing		
	/	-		

Check if applicable

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

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change		/	
Add			
Remove			
5) Change		_ /	
Add			
Remove			
6) Change	_/	<u> </u>	
Add			
Remove			

(Attach <i>additio</i>	nal sheets, if necessary).	(Be specific)		,	
				/	<u></u>
-	<u> </u>				
					
					
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		/_	-		. <u>.</u>
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	/	· <u>·</u>			
If an amendo	ent provides for an exch	ange, reclassification	i, or cancellation of	issued shares,	
<u>provisions in</u> (<i>if not a</i>)	or implementing the amer oplicable, indicate N/A)	nament it not contai	neu in the amenum	ent useu:	
_					
				·····	
			<u>/</u>		
<u>-</u>					
. <u>.</u>					

The date of each amendment(s) adop date this document was signed.	tion:	8/15	23		, if other than the
Effective date <u>if applicable</u> :	(no more then	00 days attar	amendment file	dan	
	(no more man	vo uajs ajier	итенитені уне	(tate)	
Note: If the date inserted in this block document's effective date on the Depar		icable statuto	ory filing require	ements, this date will	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were adopte action was not required.	d by the incorporators, or	r board of dire	ectors without sl	hareholder action and	l shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		he number of	votes east for th	ne amendment(s)	
☐ The amendment(s) was/were approx must be separately provided for each					
"The number of votes cast for	the amendment(s) was/w	ere sufficient	t for approval		
by					
	(voting group)				
selected, b	5 23 On tor, president arother off y an incorporator – if in the fiduciary by that fiduciar	the hands of a ry)	i receiver, truste		
	Ameh (Typed or printed	d name of per	rson signing)	_	
	(Title of person s	dent			