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TALL THISSEE, FL

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORP	ORATION: Mangrove Plumbir	ng Specialist, Inc	· · · · · · · · · · · · · · · · · · ·			
	MBER: P2000042543					
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	Holly Ernstes Jones			_		
	Name of Contact Person					
	Mangrove Plumbing Specialist, Inc					
		Firm/ Company				
	262 Mohawk St.					
		Address				
	Tavernier, Fl. 33070					
		City/ State and Zip Co	de			
	jjg80399@gmail.com	sed for future annual repo		******		
For further informa	tion concerning this matter, pleas			\$ 6		
Holly Ernstes Jone	<u></u>	at (854-8673			
Nan	ne of Contact Person	Area C	ode & Daytime Telephone	Number		
Enclosed is a check	for the following amount made	payable to the Florida De	partment of State:	Number CS SS		
□ \$35 Filing Fee	□\$43.75 Filing Fec & 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)	OF STATE		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis The	t Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Mangrove Plumbing Specialist Inc

(Non-of-Companies as assessed	L. El-d with the Florida Dant of State	
	ly filed with the Florida Dept. of State)	
P24000042543		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A	The new
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. B. Enter new principal office address, if applicable:	A professional corporation name must con	ation "Corp.,"
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent	IVIA	207 4:
	£.	
(Florida st	reet address)	2
New Registered Office Address:	(City), Florida	19 FSTATI
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position	m —
M	A	<u></u>
Signature of New F	Registered 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.

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)	Title	Name	<u>Addres</u> s
1) Change	<u>C</u>	Joseph Paul Roberts	90290 Overseas Hwy. Apt. 218
X Add			Tavernier, FI 33070
Remove 2) Change		NA	
Add		,	
Remove 3) Change		-N/A	
Add			
Remove 4) Change		NA	2024 SEC TA
Add Remove			O ISSUER
5) Change		NA	S S S S S S S S S S S S S S S S S S S
Add			- · · · · · · · · · · · · · · · · · · ·
Remove 6) Change		N/A	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	11.0	
		NIH	<u>.</u>
	·	- - - - - - - - - - 	
			
			
			
			
an amendment provides for an excha	ange, reclassifica	tion, or cancellation of issued s	shares,
rovisions for implementing the amen (if not applicable, indicate N/A)	iament it not con	itained in the amendment itself	*#7
(y not applicame, material (mi)		NIA	SE1.2021
		<u> </u>	(Table 17)
		1.	HOV 1
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The date of each amendment(s)	adoption:	N/A	 -	, if oth	er than the
date this document was signed. Effective date if applicable:	(no mo	ore than 90 days after amendn	nent file date)		_
Note: If the date inserted in this document's effective date on the			g requirements, this d	ate will not be li	sted as the
Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)			
■ The amendment(s) was/were a action was not required.	idopted by the incorpo	orators, or board of directors w	ithout shareholder act	ion and sharehold	ler
☐ The amendment(s) was/were a by the shareholders was/were			est for the amendment	(s)	
☐ The amendment(s) was/were a must be separately provided for				nent .	
"The number of votes ca	ist for the amendment((s) was/were sufficient for app.	roval		
by	(voling grou	ир)	·••		
Dated 11-13-20 Signature		other officer - if directors or o	officers have not been		
selec		or - if in the hands of a received			
	James Jones		9	, s	
	(Typed o	or printed name of person sign	ing)	TALL YOU	
	President	····		سيد جن الله	— <u>;</u>
	(Title of	Fperson signing)		9 PH 4: 33	T