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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: A&E PLUMBING	SVCS CORP		
DOCUMENT NUMI	P24000062833			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following	ng:	
	ELDIS MELGAREJO MAR	TINEZ		
		Name of Conta	act Persoi	n
	A&E PLUMBING SVCS CO	ORP		
		Firm/ Con	npany	
	19630 NW 39TH COURT			
		Addre	SS	
	MIAMI GARDENS, FL 330	55		
		City/ State and	Zip Cod	e
	ANGLID A NICEEN DED TOOM	eachail com		
	INSURANCEEXPERTS201 E-mail address: (to be us	=		:G
For further informatio	n concerning this matter, pleas	se call:	305	206-2025
		at ()
	of Contact Person r the following amount made	payable to the Flo		de & Daytime Telephone Number artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Certified Cop (Additional co- enclosed)	y y	□\$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			Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A&F PLUMBING SVCS CORP

A&E PLUMBING SVCS CORP	
	tly filed with the Florida Dept. of State)
P24000062833	
(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 following amendment(s)
A. If amending name, enter the new name of the corporation:	
A&E SVCS CORP	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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
Name Designated Assert's Connection of shanning Designated Assert	•.
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>u.</u> with and accept the obligations of the position.
Cionadona of None	Registered Agent, if changing
Signature of New 1	regisierea Ageni, y changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), 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 Do	e e	
_				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		-
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	ticles, enter change(s) here: (Be specific)	
		
		
		
-		
		-
		
	<u></u>	
in amendment provides for an excl	nange, reciassification, or cancellation of issued snares,	
ovisions for implementing the ame	endment if not contained in the amendment itself:	
n amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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in amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
ovisions for implementing the ame	endment if not contained in the amendment itself:	
ovisions for implementing the ame	endment if not contained in the amendment itself:	

	11/05/2024	
The date of each amendment(s) to date this document was signed.	deption:	
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 D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment ufficient for approval.	11(5)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11/05/200	4	
Dated Signature		
(By a constant)	director, president or other officer – if directors or officers have not been dead, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	ELDIS MELGAREJO MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	2 21 21 2 21 2 2