(Ke	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	■ WAIT	MAIL
(Ri	usiness Entity Name)	
(50	isiness chuty marrie)	
(DC	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Metropoli	tan Plumbing. Inc	
DOCUMENT NUMBER: P92000014		
The enclosed Articles of Amendment and fee are		
•	-	
Please return all correspondence concerning this i	matter to the following:	
Miguel Guiardin	iu	
	Name of Contact Person	n .
Metropolitan Plu	umbing, Inc.	
	Firm/ Company	
1020 E 14th Str	eet	
	Address	
Hialeah, Fl. 330)10	
	City/ State and Zip Cod	e
miguel@305metrop	olumbing.com	
· · · · · · · · · · · · · · · · · · ·	used for future annual report	notification)
For further information concerning this matter, pl	ease call:	
Miguel Guiardinu	at (305	, 8882720
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Dep	artment of State:
■ \$35 Filing Fee See Certificate of Status		□\$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	Ameno Divisio Cliftor 2661 E	Address dment Section on of Corporations n Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

Metropolitan Plumbing, Inc.		
(Name of Corporation as currently filed with the	Florida Dept. of State)	_
P92000001493		
(Document Number of Corporation ((if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4/11	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIV	-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		SECRETARY 13 NOV 14
Name of New Registered Agent NA		
(Florida si	treet address)	
New Registered Office Address: (City	, Florida (Zip Code)	:25
(Oil))	<u> </u>
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	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 = 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 <math>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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones .			
X Add	<u>sv</u>	Sally Sr	nith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	T		Rosa Guiardinu		6250 SW 16th St	
Add					Miami, FL. 33155	
Remove						
2) Change	<u>T</u>		Yosmaly Ceballos		1650 NW 25th Ave	
Add					Apt 101	
Remove					Miami, Fl. 33125	
3) Change		_				
Add						
Remove						
4) Change				<u>_</u>		
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add		_				
Remove						

nacii ulli	litional sheets	s, if necessary).	(Be specifi	c)			
NIA	.						
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an ame	ndment provi	<u>ides for an exc</u>	change, reclas	sification, or	cancellation o	f issued share	<u>s,</u>
rovision	<u>ıs for implem</u>	enting the am	endment if no	ot contained in	n the amendm	ent itself:	
(if no	t applicable, . 1	indicate N/A)					
N	A						
	.			····			
			<u> </u>				
		·-·					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/vere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/7/2013	
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MIGUTE Guiardinu (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	