3000007073

| (Red | questor's Name) | | | |
|---|-------------------|---------------------------------------|--|--|
| (Address) | | | | |
| (Add | dress) | · · · · · · · · · · · · · · · · · · · | | |
| (City | y/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





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04/28/11--01041--005 **35.00

Amend Brown 5-4-11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | TION: ALL DADE PLUMBING INC. | | | | |
|--|--|---|--|--|--|--|
| DOCUMENT NU | J MBER: | P9300007073 | | | | |
| The enclosed Artic | cles of Amendment and fee | are submitted for filing. | | | | |
| Please return all co | orrespondence concerning the | nis matter to the following: | | | | |
| | Peter Campbell | | | | | |
| | | Name of Contact Person | | | | |
| | ALL I | DADE PLUMBING INC. | | | | |
| | Firm/ Company | | | | | |
| | 11522 SW 126 Terrace | | | | | |
| | | Address | | | | |
| | Miami, Fl. 33176 | | | | | |
| | | City/ State and Zip Code | | | | |
| | pete E-mail address: (to be us | adp@gmail.com ed for future annual report notification) | | | | |
| For further inform | ation concerning this matter | , please call: | | | | |
| F | Peter Campbell | at (305) 525-6016 | | | | |
| Name | e of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a chec | k for the following amount | made payable to the Florida Department of State: | | | | |
| □\$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |
| | | Tallahassee, FL 32301 | | | | |

Articles of Amendment

| | | | - |
|---|---|---------------------------|---------------------------|
| . · · · · · · · · · · · · · · · · · · · | rticles of Amendm | ent | *** |
| | to | | ♠ [™] |
| Ar | ticles of Incorpora | tion | 20, [1] |
| 0 - 1 1 | of | | Ap. Ex |
| All Dade Plu | imbing, | Inc. | TALLAHASSEE FLORIDA |
| (Name of Corporation as current | ly filed with the Flor | rida Dept. of State) | AHASAL MA |
| P93000007073 | | | SEFOR SE |
| (Document Number | r of Corporation (if k | nown) | - FLOATA |
| (| | | AID. |
| Pursuant to the provisions of section 607.1006, lamendment(s) to its Articles of Incorporation: | Florida Statutes, this | Florida Profit Corpora | tion adopts the following |
| A. If amending name, enter the new name of th | e corporation; | | |
| | | | The man |
| name must be distinguishable and contain the | word "cornoration | " "company" or "inc | The new |
| abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes | signation "Corp," ". | Inc," or "Co". A profe | ssional corporation |
| | 4000 | | |
| B. Enter new principal office address, if application (Principal office address MUST BE A STREET A | | , | |
| (Principal office address MUST BE A STREET A | <u>I<i>DDRESS</i></u>) M tla n | ai - 25 | |
| | 1111800 | | _ |
| | | 1 | ····· |
| | | | |
| C. Enter new mailing address, if applicable: | DAV) | | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | <u>BUX</u>) | | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or reg | | s in Florida, enter the n | ame of the |
| new registered agent and/or the new register | red office address: | | |
| Name of New Registered Agent: | | | |
| Hame of the Megister cu figure. | | | |
| | | | |
| New Registered Office Address: | (Florida stree | et address) | |
| | | T21 ' | |
| | (Cital) | , Flori (Zip Code) | na |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as registered ages | | h and accept the obligati | ons of the position. |
| | | | |

Signature of New Registered Agent, if changing

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)

Title Name Address **Type of Action** Secret: Kenneth Richter ✓ Add 13330 SW 108 PL ☐ Remove Miami, Fl. 33176_ ☐ Add ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

| The date of each amendment(s) adoption: 4/26/2011 | | | |
|---|------------------------------------|---|--|
| Effective date <u>if applicable</u> : | 4/26/2011 | (date of adoption is required) | |
| | 90 days after amendment file date) | | |
| Adoption of Amendment(s) | (CI | HECK ONE) | |
| The amendment(s) was/we by the shareholders was/w | | e shareholders. The number of votes cast for the amendment(s) approval. | |
| , , | • • | he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | |
| "The number of votes | cast for the amer | ndment(s) was/were sufficient for approval | |
| by | | ,,, | |
| | (voting group) | | |
| The amendment(s) was/we action was not required. | ere adopted by the | e board of directors without shareholder action and shareholder | |
| The amendment(s) was/we action was not required. | ere adopted by the | e incorporators without shareholder action and shareholder | |
| Dated_4/26 Signature | 8/2011 Letv (4 | and the | |
| (B ₂ | a director, presi | dent or other officer - if directors or officers have not been | |
| | | rporator – if in the hands of a receiver, trustee, or other court by that fiduciary) | |
| | | Peter Campbell | |
| | (Ty | yped or printed name of person signing) | |
| | | Vice President | |
| | (Title o | of person signing) | |