P93000038916

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:TAYLOR MAD	E PIPE, PLUGS, INC	
DOCUMENT NUMBER: P93000038916		
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
SANDI WINDSOR		
Name	of Contact Person	
WALTER S. SANDERS & A	SSOCIATES, P.A.	
F	rm/ Company	
16528 N. DALE MABRY HWY		
	Address	
TAMPA, FLORIDA	331	018
City/	State and Zip Code	
SANDI@WALTERSANDERS.COM		
E-mail address: (to be used for fu	ture annual report no	tification)
E-man address, (to be used to be		,
For further information concerning this matter, please call:		
SANDI WINDSOR	at (813)	961-0094
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made payable (b the Florida Departi	ment of State:
Certificate of Status Cer (Add	75 Filing Fee & offied Copy litional copy losed)	□\$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	Division Clifton B 2661 Exc	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

TAYLOR MADE PIPE, PLUGS, INC.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P93000038916	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
TAYLOR MADE PIPE PLUGS, INC.	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," o word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name musi contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 new registered agent and/or the new registered office address of New Registered Agent (Florical Content of New Registered Agent)	address in Florida, enter the name of the dress:
	. Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	(City) (Zip Code)
Signature of N	New Registered Agent, if changing
, agname of .	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice Executive Officer; CFO held, President, Treasure	and/or D if necess rector titl President = Chief I r, Directo in the fo ves the c	virector being added: sary) le by the first letter of the office; T = Treasurer; S = Secretary Financial Officer. If an office or would be PTD. Howing manner. Currently Ja- corporation, Sally Smith is nar	e title: $v_i(D) = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chiefer/director holds more than one title. Iist the first letter of each office ohn Doe is listed as the PST and Mike Jones is listed as the V. There is ned the V and S. These should be noted as John Doe, PT as a Change,$
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
: 1) Change	_		
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

____ Remove

E. If amending or adding additional Articles, enter chang	e(s) here:
(Attach additional sheets, if necessary). (Be specific)	
	•
	. <u></u>
	
	<u> </u>
	i
F. If an amendment provides for an exchange, reclassific	ation, or cancellation of issued shares.
provisions for implementing the amendment if not co	intained in the amendment asett.
(if not applicable, indicate N/A)	
	<u> </u>
	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: (no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as ords.
Adoption of Amendment(s) (CHECK ONE	
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	ers through voting groups. The following statement tled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) w	ras/were sufficient for approval
by	<u> </u>
☐ The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
MAY 8, 2019 Dated	
Signature Kevin Lashin	per officer – if directors or officers have not been
(By a director, president or off selected, by an incorporator – appointed fiduciary by that fid	if in the hands of a receiver, trustee, or other court
KEVIN LARKIN	
(Typed or p	orinted name of person signing)
PRESIDENT	
	(Title of person signing)

the

the