P93000078297

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Daily Freih Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000251439750

09/17/13--01007--012 **35.00

13 SEP 17 PH 3: 31
SECRE LARY OF STATE

C. LEWIS SEP 2 4 2013 EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Water Works Irrigation Corp. DOCUMENT NUMBER: P93000078297 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Johnny Brock, Jr. Name of Contact Person Water Works Irrigation Corp. Firm/ Company P. O. Box 2317 Address Lakeland, FL 33806 City/ State and Zip Code waterworkslf@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debra Brock Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED

Water Works Ir	rigation	Corp
----------------	----------	------

13 SEP 17 PH 3: 31

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ment(s) to

P93000078297			TALLAHASSEE, F	LORID
(Docume	nt Number of Corporation (if known	own)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the following ar	mendme
A. If amending name, enter the new n	ame of the corporation:			
			Th	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co"	'. A professional corp		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
	-			
	_	.		
C. Enter new mailing address, if appl				
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>) _			
	_			
	_			
D. If amending the registered agent ar	nd/or registered office address	in Florida, enter the r	name of the	
new registered agent and/or the ne		in torium enter the n		
Name of New Registered Agent	Johnny Brock, Jr.			
	1001 Rolling Woo	ds Lane		
	(Florida street a		_	
New Registered Office Address:	Lakeland, FL	, Flori	₄ , 33813	
ner negative Office nauress.	(City)	, 1 1011	(Zip Code)	
N. 5				
New Registered Agent's Signature, if of I hereby accept the appointment as regis		and accept the obligati	ions of the position.	
	gnature of New Registered Ager	nt, if shanging		
	, "			

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 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	Р	Johnny Brock, Jr.	P. O. Box 2317	
X Add			Lakeland, FL 33806	
Remove				
2) X Change	S	Debra Brock	P. O. Box 2317	
Add			Lakeland, FL 33806	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		
		
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
ohnny Brock, Jr. 50%		
Debra Brock 50%		
Jebra Brock 30 /6		

The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	13 SEP 17 PH 3: 31
(no more than	73 SEP 17 PH 3: 31 20 days after amendment file date SECRE FARY DF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder
9/10/13	
Signature(By a director, president or other offi	cer – if directors or officers have not been se hands of a receiver, trustee, or other court
Johnny Brock	k, Jr.
(Typed or	printed name of person signing)
President	
Т)	itle of person signing)