P98000003068

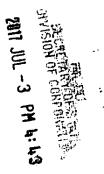
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA LEAK Specialists, Inc. P98000003068 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Florida Pool and Leak Specialists Inc SW 151st ave Miami, FL 33196 City/ State and Zip Code enail address: (to be used for future annual report notification) For further information concerning this matter, please call: estie at (305) 228-0880 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee 3.75 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

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

to
Articles of Incorporation
of

Florid	la lEAK Specialists, INC.
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P98000003	OUS .
(Docur	ment Number of Corporation (if known)
its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following argendment
A. If amending name, enter the new name of the co	
Flonda Yool and Ita name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	K Specialists, Inc. The new rd "corporation," "company," or "incorporated" or the abbreviation, "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: No. (Mailing address MAY BE A POST OFFICE BO	A X)
new registered agent and/or the new registered	red office address in Florida, enter the name of the office address: N/A
Name of New Registered Agent	
	(Florida street address)
	(Prortia street dauress)
New Registered Office Address:	(City) , Florida, (Zip Code)
·	(City) (Exp Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	vistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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)

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	PT	John Doe	•				
X Remove	<u>v</u>	Mike Jone	<u>:s</u>				
X Add	<u>sv</u>	Sally Smit	<u>.</u> <u>h</u>				
Type of Action (Check One)	Title	<u>N</u>	<u>Iame</u>			<u>Addres</u> s	
1) Change							
Add					•		
Remove							
2) Change					,		
Add					_		
Remove							
3) Change							
Add					_		
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fan amandm	ent provides for	an avchana	a raclassifics	tion or conce	llation of icen	ad charac	
provisions fo	r implementing	the amendm	ent if not cor	tained in the	amendment it	self:	
(if not ap,	olicable, indicate	. N/A)			,		
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ine date of each amendment(s) adoption:, if other than t
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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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/were 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 cast 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
Signature (By a director, president or 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)
(Typed or printed name of person signing)
<u>President /Owner</u> (Title of person signing)