526449

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

Office Use Only



100336451761

11/04/49--01017--000 +495.00

2913.

Amund

DEC 1/3 2019
I ALBRITTO'S

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A.K.O. PLUMBING CORPORATION DOCUMENT NUMBER: S26449 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Albert Wheeler Name of Contact Person A.K.O. Plumbing Corporation Firm/ Company 300 NW 22 AVE Address Miami, FL 33125 City/ State and Zip Code albertwheeler2008@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (408) 561-2000

Area Code & Daytime Telephone Number Albert Wheeler Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

A.K.O. Plumbign Corporation

(Name of Corporation	on as currently filed with the Flor	ida Dept. of State)
\$26449		
(Docum	ent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this Florida Profit Corpo	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the wor, "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professional	"incorporated" or the abbreviation learning to corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	
	<u> </u>	Face to the control of the control o
D. If amending the registered agent and/or register new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(4-9)	(14)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the o	bligations of the position.
M	me	
Sign	ture of New Registered Agent, if ch	nanging

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike_Jones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P		Alberto Roman	
Add X Remove				
2) Change	P		Albert Wheeler	
X Add				
Remove 3) Change				
Add		_		
Remove				
4) Change				
Add Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Kemave				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
_	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	indment if not contained in the amendment itself:

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	October 23, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment were sufficient for approval.	(s)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following staten led for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ere adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Octo Dated	ber 23, 2019	
Signature _	allunz	
(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 compointed fiduciary by that fiduciary)	
	Albert Wheeler	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	