571004

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

Office Use Only



800435865048

09/94/24--00005--024 (**35.00

15-10 XNT 1831 11-14 WHI

COVER LETTER

FO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Hamilton's Plumbing, Inc. DOCUMENT NUMBER: \$71004			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Christopher Vary Name of Contact Person Hamilton's Plumbing, Inc. Firm/ Company 5701 Country Lakes Dr. Unit lo Address Fort Myers, FL 33905 City/ State and Zip Code Admin@pams.plumbing.Com E-mail address: No be used for future annual seport notification)			
For further information concerning this matter, please call:			
Christopher Vary at (863), 599-1933 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

01	
	

Hamilton's Plumbina	, Inc
(Name of Corporation as current	ly filed with the Florida Dept. of State)
<u> 571004</u>	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "finc,," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5701 Country Lakes Dr.
C. Enter new mailing address, if applicable:	Fort Myers, FL 33905
(Mailing address MAY BE A POST OFFICE BOX)	S701 Country Lakes Br. Unith Fort Myers FL-33905 F.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
5701 Count	ry Lakes Dr Unitl
New Registered Office Address: Fort Myers	, Florida 33905 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DP	Douglas Hamilton	17800 Dak Creek Rd.
Add Remove			Alva, FL 33920
2) X Change	DP	Christopher Vary	5701 Country Lakes Dr.
Add			unity -
Remove 3) Change	V	Ilia Movalli-Vary	Fort Myers, FL 33905
_ X _ Add		J	5701 Country Lakes Dr
Remove			unit L
4) Change			Fort Myers, FL 3390s
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

1.00

. .

The date of each amendment(s) adoption:	8/27/24	, if other than the
date this document was signed. Effective date if applicable:	8/27/24 (no more than 90 days after amendment fil	le date)
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requi	
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by	ing group)	
Signature (By a director, president properties of the selected of the selecte	ident or other officer – if directors or officers or opporator – if in the hands of a receiver, truste	ce, or other court