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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ROJAS HOME REPAIR SPECIALIST INC

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A. RAMSEY

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION:	ROJAS	HOME	REPAIR	SPECIA	LIST	INC	
DOCUMENT NUMBER:		P0	5000114	349			
The enclosed Articles of Amendmen	t and fee are si	ubmitted :	for filing.				
Please return all correspondence con-	cerning this m	atter to the	e following:				
		JANI	NE MITC	HELL			
	Name of Contact Person						
(CONTRACTORS REPORTING SERVICE, INC					INC	
	-	F.	irm/ Compa	ny	•		
	23	3110 \$	SR 54, I	PMB 336	5		
Address							
LUTZ, FL 33549							
		City/	State and Zip	n Code			
	info@a	activa	atemylic	cense.	com		
E-mail ac	ldress: (10 be u						
For further information concerning the	·	ise call:		813-	-932-5	5244	
Name of Contact Pers			— <u> </u>			Telephone Number	
Enclosed is a check for the following	amount made	payable (-	`	
	Filing Fee & ate of Status	Cert (Add	.75 Filing Fo ified Copy itional copy osed)	is (\$52.50 F Certificat Certified (Addition is enclos	e of Status Copy aal Copy	
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, Fl. 32	ations		7 L 1 2	Amendment Orision of The Centre (415 N. M. Callahassee	t Section Corporat of Talla onroe Si	ahassee treet, Suite 810	

Page: 3 of 6

03/13/2025 10:32 AM 36 3)))

Articles of Amendment to Articles of Incorporation

FILED

2025 MAR 13 PM 12 54

ROJAS HOME REPAIR SPECIALIST IN	1C 2020 (1907) (F. 2) [A].F.
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
05000114349	
(Docum	ent Number of Corporation (if known)
ursuant to the provisions of section 607,1006. Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
. If amending name, enter the new name of the co	rporation:
HOME COMMERCIAL REPAIR SPECIAL	IST INC The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
b. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
If amending the registered agent and/or register- new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(op coe)
iew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture 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.

Example:

Page: 4 of 5

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:

Fax: +18506176380

(Attach additional sheets, if necessary)

Fax: +18139325244

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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
$X \wedge dd$	<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			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cies, cințer change(s) nere: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
1-4	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

: Janine Mitchell Fix: +18139325244 busign Envelope ID: BAA9E765-6B72-48E9	To: DIV OF CORPS - INC I-88FA-73EDBA6B6981	Fa×: +18506176380	inge, o or o	03/13/2025 10:32 AM	36
The date of each amendment(s) addate this document was signed.	loption:		· · - 	, if other than the	
Effective date if applicable:					
	(no more than 9	00 days after amendment f	ile date)		
Note: If the date inserted in this bidocument's effective date on the De		cable statutory filing requ	irements, this date v	will not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ado action was not required.	pted by the incorporators, or	board of directors without	shareholder action a	and shareholder	
☐ The amendment(s) was/were ado by the shareholders was/were su		e number of votes cast for	the amendment(s)		
☐ The amendment(s) was/were app must be separately provided for	each voting group entitled to	vote separately on the am			
	for the amendment(s) was/wt	• •			
by	(voting group)	·	•		
Dated3/3/2029		DocuSigned by:			
selected	rector, president or other offi l, by an incorporator – if in the ed fiduciary by that fiduciary	cer – if directors or officei he hands of a receiver, trus	s have not been		
(By a du selected	rector, president or other offi l, by an incorporator – if in th	cer – if directors or officei he hands of a receiver, trus	s have not been		
(By a du selected	rector, president or other offi l, by an incorporator – if in the ed fiduciary by that fiduciary	cer – if directors or officer the hands of a receiver, trus	s have not been		

(Title of person signing)