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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

	S.A.B. Contracti	na Cantiana Ina	
NAME OF CORPORATION:	3.A.B. Contracti	ng services, me.	
DOCUMENT NUMBER:	P02000044773		
The enclosed Articles of Amend	ment and fee are si	ubmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
		Juan Carlos Buade	
	,	Name of Contact Perso	n
	S	S.A.B. Contracting Services	, Inc.
		Firm/ Company	
	#450 <b>*</b> · ·	22912 SW 115th CT	
		Address	
		Miami, Florida 33170	
		City/ State and Zip Cod	е
		ontractingservices@gmail.c	
E-ma	il address: (to be u	sed for future annual report	notification)
For further information concerning	ng this matter, plea	se call:	
Juan Carlos Buade		305	970-0855
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & tificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

S.A.B. Contracting Services, Inc.

	South Cost, the same of the sa
( <u>Name of Corporati</u>	ion as currently filed with the Florida Dept. of State)
P(	02000044773
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
	77 FF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	(X)
	P11 2: 32
. If amending the registered agent and/or register new registered agent and/or the new registered of	red office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
New Registered Office Hauress.	(Ciny) (Zip Code)
ew Registered Agent's Signature, if changing Regi	istered Agent:
nereos accept the appointment as registered agent. I	l 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.

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly <u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addręs</u> s
i) X Change	P	Juan Carlos Buade	22912 SW 115 CT. Miami, FL 331
Add			
Remove			
2) Change	P	Maria Cristina Buade	22912 SW 115 CT. Miami, FL 331
X Add			
Remove 3) Change	VP	Juan Carlos Buade	22912 SW 115 CT, Miami, FL 3317
X Add			1871
Remove			
4) Change		***************************************	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	al sheets, if necessary). (	Be specific)			
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ovisions for	implementing the amendr	nent if not contain	ed in the amendm	ent itself:	
(if not app	icable, indicate N/A)		rea in the amendi	icit ttacii.	
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The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date if applicable:	January 25, 2021	
<del>- 1811</del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provided	c approved by the shareholders through voting groups. The following statement d 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)	
Dated	1/26/2021	
Signature		
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	(Typed by primed name of person signing)  (Fine of person signing)	