

P210000061891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

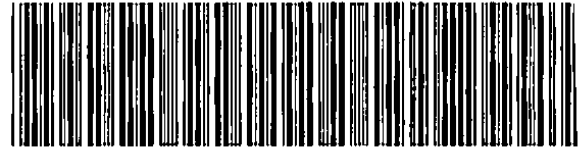
(Business Entity Name)

(Document Number)

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07/29/21 --F 1018- 001 **35.00

CLERK OF SUPERIOR COURT
MASSACHUSETTS

2021 SEP 13 AM 10:34

SEP 14 2021

A RAMSEY

*00789, 00524; 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AGS PROFESSIONAL STUCCO

DOCUMENT NUMBER: P21000061891

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following.

ALBERTO MONTAÑA ALBERTO
Name of Contact Person

AGS PROFESSIONAL STUCCO
Firm/ Company

154 SE LUGERO DR
Address

POAT ST LUCIE, FL 34983
City, State and Zip Code

SANDRA.SPANISHCENTER@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA ROMÁN at (305) 508-1769
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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



2021 SEP 13 PM 12:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2021

ALBERTO MONTOYA ALBERTO
A&S PROFESSIONAL STUCCO
154 SE LUCERO DR
PORT ST. LUCIE, FL 34983 US

SUBJECT: A&S PROFESSIONAL STUCCO
Ref. Number: P21000061891

We have received your document for A&S PROFESSIONAL STUCCO and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document was incomplete. Only the first page of the amendment form was completed. Please fill out the remaining pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 021A00019368

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 SEP 13 AM 10:34

A&S PROFESSIONAL STUCCO

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000061891

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

A&S Professional Stucco Incorporated The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

154 SE LUCERO DR
POAT ST LUCIE
FLORIDA 34983

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

ALBERTO SANCHEZ MONTAÑA

154 SE LUCERO DR
(Florida street address)

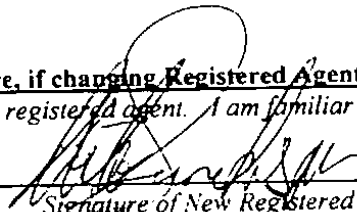
New Registered Office Address:

POAT ST LUCIE
(City)

Florida 34983
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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, 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; CE = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each title. 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. If 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Alberto Sanchez Montoya</u>	<u>154 SE Lucero</u>
<input checked="" type="checkbox"/> Add			<u>Port St Lucie,</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 08-31-2021, if other date this document was signed.

Effective date if applicable: N/A
(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 list 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 N/A
(voting group)"

Dated 08-31-2021

X 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)

Alberto Sanchez Montoya

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)