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COVER LETTER

NAME OF CORPORATION: Bob's BACICALES, Two.

DOCUMENT NUMBER: 478837

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

Please return all correspondence concerning this matter to the following:

JOSE HIGAREDA
Name of Contact Person
Bob's BArrieadES, Inc.
Firm/ Company
921 SHOTGUN ROAD
Address
SUNRISE, FLORIDA 33326
City/ State and Zip Code
\sim \sim \sim \sim \sim \sim \sim \sim \sim

THIGAREDA @ Bubs barricades. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

TOSE HIGHESIA at (954), 423-2627

Name of Contact Person Area Code & Daytime Telephone Number

enclosed)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐\$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Bob's BATTICADES, INC	<u>, </u>
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
478837	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation "Corp.," 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>)	
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 and new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	a street address)
New Parietavad Office Address	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil	<u>zent:</u> iar with and accept the obligations of the position.
Signature of Ne	w 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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	ALAN CHESTER	921 SHOTEW RD.
Add			SUNRISE, FL. 33326
2) Remove Change	P.CEO	EDWARD AltER	921 SHOTEUN RD.
Add			Swesse, Ft. 33326
Remove Change			
Add			· · ·
Remove			
4) Change			 .
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amendir</u> (Attach <i>add</i>	n <mark>g or adding additi</mark> litional sheets, if ned	onal Articles, enter change(s) cessary). (Be specific)	<u>here</u> :	
UR.	ALAN	CHESLER	PASSED	AWAY
	ON	CHESLER 1/2/2024.		
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		r an exchange, reclassification the amendment if not contain		
(if no	t applicable, indicat	e N/A)	ico in the unknowners	36111
				
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The date of each amendment(s) acd date this document was signed.	laption:	, if other than the
Effective date <u>if applicable</u> :	1/2/24 (no more than 90 days after amendment	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date 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 withou	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ıl
by		
	(voting group)	
Dated	1/8/24	
Signature	Jungold	
(By a di	rector, president or other officer - if directors or offic	
	 by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary) 	istee, or other court
	JOSE HIGAREDA	:
	(Typed or printed name of person signing)	-
	CFO	
	(Title of person signing)	