## 568776

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	<del> </del> #)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	<u> </u>
Special instructions to 1 lining Officer.	

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Tubels Service Cer	nter In		_
DOCUMENT NUMB				<del></del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Patricia Tubel			
-		Name of Contact Persor	1	<del></del>
	Tubels Service Center Inc			
•		Firm/ Company	···	
	7008 Lenczyk Dr			
-		Address		<del></del>
	Jax . FL 32277			
-		City/ State and Zip Code	e	<del></del>
	wtubel@gmail.com			
-	-	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Patricia Tubel		904 at (	743-1973 /904	-219-1494 Cell
Name o	f Contact Person	Area Co	de & Daytime Telephone	Number: 173
Enclosed is a check for	the following amount made			(O)
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	0 Fil 3: 23
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	810

## Articles of Amendment to Articles of Incorporation of

Tubels Service Center Inc		
(Name o	Corporation as currently filed with the Florida Dept. of State)	
568776		
	(Document Number of Corporation (if known)	<del>,</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
	the word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		
		<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		
(Mutting dualess MAT BEAT 031	( )	707
		<u> </u>
		马
		50
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter the name of the	<del></del> ,
new registered agent and/or the ne	Viegistered office address.	بن <u>-</u> ي
Name of New Registered Agent		r <b>&gt;</b>
		ω
	(Florida street address)	
N D : 100 411	Clasida	
New Registered Office Address:	(City), Florida, Florida	iode)
	(,	,
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), F.S.	

address of each Office (Attach additional shee Please note the officer/P = President; V = Vic Executive Officer; CFC President, Treasurer, L Changes should be not a change, Mike Jones & Mike Jones, V as Remote Example:  X_Change	er and/or Directors, if necessary) (director title by the President; T= 1) () = Chief Financial Director would be ded in the following leaves the corporative, and Sally Smith PT John	r being added:  The first letter of the office title:  The asurer; S= Secretary; D= Director; TR=  al Officer. If an officer/director holds more to  PTD.  g manner. Currently John Doe is listed as the standard of the V and S. The standard of the V	er/director being removed and title, name, and  = Trustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office held. he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
X Remove		e Jones	
X Add  Type of Action (Check One)  1) Change X Add	SV Sally Title	Wayne Tubel	Address  701 Miror Lake Dr N #312  St Petersburg, FL 33701
Remove 2)	CFO	Patricia Tubel	JAX, FL 32277
Remove 3) Remove Add			
Remove 4) Change Add	<del></del>		
Remove 5)ChangeAdd			
	·		

Remove

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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<del></del>		
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If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the arb	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	·	
	<u> </u>	
l		
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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this block d document's effective date on the Department.	pes not meet the applicable statutory filing requent of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficier	y the shareholders. The number of votes cast for t for approval.	the amendment(s)
	by the shareholders through voting groups. The joing group entitled to vote separately on the am	=
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
Patricia Tubel/ Owner / Presi	dent	•
o,	(voting group)	
selected, by a	president or other officer – if directors or officer incorporator – if in the hands of a receiver, trus unitary by that fiduciary)	
Patric	ia Tubel	
	(Typed or printed name of person signing)	
Owne	r/ President	
<del></del>	(Title of person signing)	