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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: South Florida Cont	ractor Services, Inc.		
DOCUMENT NUM				
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Joseph A. Saka			
	Name of Contact Person			
South Florida Contractor Services. Inc.				
		Firm/ Company		
	4840 SW 161st Lane			
Address				
Miramar, Florida 33027				
	City/ State and Zip Code			
	hhh9191@hotmail.com			SEC: TA
	E-mail address: (to be us	ed for future annual report	notification)	لالخ (E)
For further information	on concerning this matter, pleas	se call:		ECRETARY OF STATE TALLAHASSEE, FL
Joseph A. Saka		954 at (7244440	13 '3 418.
Name of Contact Person		Area Co	de & Daytime Telephone Number	W
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amene Divisio The C	Address Iment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

2024 OCT 15 PM 1: 08.

Articles of Amendment to Articles of Incorporation of

South Florida Contractor Services, Inc.				
(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept.	of State)	
J53630				
	(Document Number of	Corporation (if known)	. =	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation add	opts the followin	ig amendment(s)
A. If amending name, enter the new n	ame of the corporation;			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated" e professional corporation na	n the abbreviation me-must-contai	on "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/A				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BOX)	N/A		
				2024 SECI
D. If amending the registered agent ar new registered agent and/or the new	nd/or registered office addr w registered office address:	ess in Florida, enter the nam	e of the	RETAR RETAR
Name of New Registered Agent	Joseph A. Saka			S PH NSSER
	4840 SW 161st Lane			EE S
	(Florida stre	ret address)		I: 08 STATE E, FL
New Registered Office Address:	Miramar		Florida	

Signature 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.

Add · Remove			<u> </u>
			- (
5) Change	·	 	
Add			· ·
Remove			
δ) Change			
Add			
Remove			

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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)

4)

Change

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.

wuke Jones, v as Rem Example:	ove, ana sau	iy Smun, Sv as an Aaa.	
X Change	\overline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Addregs
1) Change	P	Steve Buck	PO Box 278705
Add			Miramar, Florida 33027
x Remove			
2) Change	p	Joseph A. Saka	4840 SW 161st Lane
X Add			Miramar, Florida 33027
Remove 3) Change	ST	Joseph A. Saka	Miramar, Florida 33027 S ABAG SW 161st Lane
x Add			Miramar, Florida 33207
Remove			OF ST
			-n: -

FILED

• • •	September 30, 2024	
The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date not of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by action was not required.	v the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	40 53
Dated 10-7-2	2024 N. But - President	2024 OCT IS PM I: 08 SECRETARY OF STATE- TALLAHASSEE, FL
(By a director, selected, by ar	president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	PH I: 03 Y OF STATISSEE, FL
St	teve BUCK	· · · · · · · · · · · · · · · · · · ·
*********	(Typed or printed name of person signing)	
P	resident	
	(Title of person signing)	