

PO3000064452

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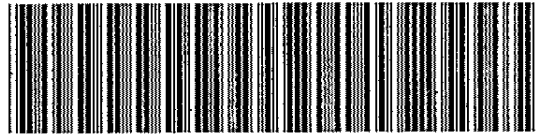
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
G. Cradette SEP 08 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: S.A.L CONTRACTING SERVICES INC

DOCUMENT NUMBER: P03000064452

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

Please return all correspondence concerning this matter to the following:

DAVID OLIVENCIA

(Name of Contact Person)

CENTRAL FLORIDA FINANCIAL SERVICES LLC

(Firm/ Company)

1119 BARBADOS STREET

(Address)

ORLANDO, FL 32825

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

DAVID OLIVENCIA

(Name of Contact Person)

at (407) 207-5509

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

S.A.L CONTRACTING SERVICES INC

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

P03000064452

(Document number of corporation (if known))

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

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ADMENDMENT OF ARTICLE: VII

DELETE LEONEL E PONCE AS TREASURER, RENAME SANTOS ESPINO AS PRESIDENT AND

SECRETARY, AND ANGEL R HERNANDEZ AS VICE PRESIDENT & TREASURER

ADMENDMENT OF ARTICLE II DELETE OLD ADDRESS OF 3691 AUTUM BREEZE WAY WINTER

PARK FL 32792 TO BE AS FOLLOWS: 2121 HANNAH LANE ORLANDO, FL 32826

ARTICLE

(Attach additional pages if necessary)

If an amendment provides for 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)

ARTICLE IV: CANCELATION OF LEONEL E PONCE SHARE AND RETURN TO CORPORATION,

RECLASSIFICATION OF SAHRES TO BE SANTOS ESPINO TO OWN 3000 SHARES OF 7600 AND

ANGEL R HERNADEZ TO OWN 3000 SHARES OF THE 7600 SHARES AND REMAING SHARE 1600

(continued)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: JULY 20, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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):*

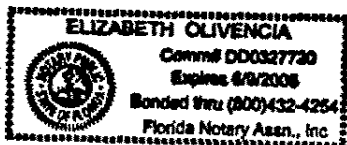
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20 day of JULY, 2004

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)



SANTOS ESPINO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Elizabeth Olivencia

FILING FEE: \$35