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PICK-UP	TIAW [MAIL
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T. LEMIEUX NOV 24 2021

COVER LETTER

TO: Amendment Sec Division of Corp	•	•	,
NAME OF CORPO	RATION: Complete Highrise	Maintenance, Inc.	
DOCUMENT NUM	BER: P05000097257		_
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Gladys Mecias		
		Name of Contact Person	1
	Complete Highrise Maintenan	nce, Inc.	
		Firm/ Company	
	5215 SW 146 Avenue		
		Address	
	Miami, Florida 33175		
		City/ State and Zip Cod	e
	aamecias@bellsouth.net		
	•	sed for future annual report	notification)
		N.	
For further information	on concerning this matter, pleas	se can:	
Gladys Mecias		786 at (367-2964
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 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)
Ar Di P.o	ailing Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P05000097257	as currently med with the Piorida Dept. of State)
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	orațion:
N/A	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	pration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	N/A
Meg Bon Stradt Nobel	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 	office address in Florida, enter the name of the ce address:
Name of New Registered Agent N/A	
	<i>:</i> ≥
	(Florida street address)
New Registered Office Address: N/A	Florida
	(City) (Zigl.Code)
	red Agent: 의 기계
iew Registered Agent's Signature, if changing Registe	red Agent:

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.

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>.</u> <u>SV</u>		
<u>X</u> Xuu	<u>3 Y</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Jose Santos Maldonado	5215 SW 146 Avenue
Add			Miami, Florida 33175
X Remove			
2) Change	<u>s</u>	Enrris Castillo	5215 SW 146 Avenue
XAdd			Miami, Florida 33175
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Article (Attach additional sheets, if necessary). 	
A	
	
,	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
'A	

	11/2/21	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11.10.40.1		
11/2/21 Dated		
Signature	Megias	
(By/a di selecteo	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	Gladys Mecias	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	