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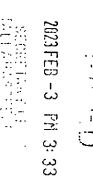
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	APR - 6 2023	

Office Use Only



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COVER LETTER

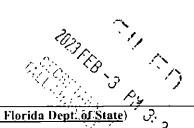
TO: Amendment Section Division of Corporations

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Please return all correspondence concerning this matter to the following: Allan Roe Name of Contact Person Florida Building Services, Inc Firm/ Company 6061 Bur Oaks Lane Address Naples, FL 34119 City/ State and Zip Code al@floridabuildingservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Allan Roe Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Sab Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Amendment Section Allan Section	NAME OF CORPO	RATION: Florida Building Se	ervices, Inc.	
Allan Roe Name of Contact Person Florida Building Services, Inc Firm/ Company 6061 Bur Oaks Lanc Address Naples, FL 34119 City/ State and Zip Code al@floridabuildingservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Allan Roe at (239) 272-6576 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		P09000055791		· · · · · · · · · · · · · · · · · · ·
Allan Roe Florida Building Services, Inc	The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Name of Contact Person Florida Building Services, Inc Firm/ Company 6061 Bur Oaks Lane Address Naples, FL 34119 City/ State and Zip Code al@tloridabuildingservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Allan Roe Allan Roe Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State Stiling Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is certified Copy is enclosed) Mailing Address Amendment Section Mailing Address Amendment Section	Please return all corre	espondence concerning this ma-	tter to the following:	
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\$35 Filing Fee \$\Bigsquare \text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy Certificate of Status (Additional copy is cerclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section \$\text{\$Street Address}\$ Amendment Section	Name	of Contact Person	Area Co	de & Daytime Telephone Number
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Certificate of Status (Additional Copy is enclosed)	Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
Amendment Section Amendment Section	S35 Filing Fee	-	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Division of Corporations Division of Corporations		nendment Section vision of Corporations		ment Section n of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



Florida Building Services, Inc.

(Name of Corporation as c	urrently filed with the F	اس (lorida Dept. of State
P09000055791		
(Document Nu	imber of Corporation (if I	known)
Pursuant to the provisions of section 607,1006, Florida Statut ts Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the following amendment
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corporat 'Inc" or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation	Co". A professional co	corporated" or the abbreviation "Corp.,"
. 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 offinew registered agent and/or the new registered office a		nter the name of the
Name of New Registered Agent		
(FI	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent. I am fo		ne obligations of the position.
	CM - D mins and the second	Y. b
Signature o _j	f New Registered Agent, i	j 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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Julie Roe	6061 Bur Oaks Ln
X Add			Naples, FL 34119
Remove			
2) Change	D	Dominic Palermo	6061 Bur Oaks Ln
X Add			Naples. FL 34119
Remove 3) Change	D	Lauren Prestipino	1276 Rainbow Ct
X Add			Naples, FL 34110
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sh	ng additional Articles, enter change(s) here: eets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
···•	
	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp (if not applicab	ementing the amendment if not contained in the amendment itself: le, indicate N/A)
	ed 51% or 51 of the 100 shares issued.
ilie Roe is hereby issu	ed 19% or 19 of the 100 shares issued.
Dominic Palermo is her	cby issued 15% or 15 of the 100 shares issued.
auren Prestipino is her	eby issued 15% or 15 of the 100 shares issued.
f any of the above Dire	ctors terminate their relationship with Florida Building Services, Inc. their shares will revert back to

The date of each amendment(s) adoption: _ date this document was signed.	, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as th State's records.
Adoption of Amendment(s)	ECK ONE)
The amendment(s) was/were adopted by the action was not required.	ncorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	hareholders. The number of votes cast for the amendment(s) pproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the am	Iment(s) was/were sufficient for approval
Incorporators by	"
, -	ng group)
1/31/2023 Dated	
4 11	
Signature	Kre
	lent or other officer – if directors or officers have not been
appointed fiducia	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Allan Roc	
	vped or printed name of person signing)
<u>.</u>	yped of printed name of person signing,
President	

(Title of person signing)