PIDODDOUSTI

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OCT 27 2017

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: C & D MAINTEN	ANCE SERVICE, INC	
DOCUMENT NUMB			
The enclosed <i>Articles (</i>	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ALMA L. RODRIGUEZ		
-		Name of Contact Person	
!	C & D MAINTENANCE SE	ERVICE, INC	
		Firm/ Company	
	1634 OLIVE TREE CIRCLI	:	
-		Address	
	GREENACRES FL 33413		
-	<u></u>	City/ State and Zip Code	
elmao:	sis@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
ALMA L. RODRIGUI	ΣZ	at (260-9919
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State;
☐ \$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, Ft. 32314		Amendi Division Clifton	Address nent Section n of Corporations Building tocutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

C & D MAINTENANCE SERVICE, INC						
(Name of Corpora	tion as currently f	Hed with the Florida	Dept. of State)		
P1000006377						
(Docu	ument Number of C	orporation (if known)				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ida Statutes, this <i>Fla</i>	orida Profit Corporati	on adopts the f	ollowing	g amene	dment(s) to
A. If amending name, enter the new name of the	corporation:					
					The i	new.
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp, " "Inc, " or "Co	" A professional co			- bbrevia	tion
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>						_
				Vir. cy	73	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>:0X</u>)		_	* * * # # # # # # # # # # # # # # # # #	17361	71
					6) 20	
					7) 34	_ { 1 } _ []
D. If amending the registered agent and/or regist	ered office addres	s in Florida, enter the	name of the	© → 	1,00 1,00	
new registered agent and/or the new registered		, m , m , circle til	name or the	전 기	CAR	
Name of New Registered Agent			• •			
	(Florida street	address)				
New Registered Office Address:			Character.			
New Registerea Office Address.	(C)	ity)	, Florida_	(Zip C	ode)	_
San Dari a and America Cinna and Test and D						
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the oblige	itions of the po	sition.		
			·			
Siv	mature of New Rev	istered Agent, if chang	ing			

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: . <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	VP_	ALMA L. RODRIGUEZ	1634 OLIVE TREE CIRCLE
Add			GREENACRES FL 33413
Remove			
2) Change	þ	CARLOS DANIEL VASQUEZ	1634 OLIVE TREE CIRCLE
XAdd			GREENACRES FL 33413
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mach <i>additio</i>	r adding additional Articles nal sheets, if necessary). (l.	3e specific)			
					
				·	
					
					
· ·			~		
			<u> </u>		
<u>rovisions fo</u>	ent provides for an exchang r implementing the amenda plicable, indicate N/A)	e, reclassification, or nent if not contained	cancellation of issuin the amendment it	<u>ed shares,</u> self:	
			<u>.</u>		

	10/20/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	block does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendm (flicient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareh	.older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholde	r
10/20/2017		
Dated		
g: ((Matrix)	
Signature	irector, president or other officer – if directors or officers have not b	een
	d, by an incorporator – if in the hands of a receiver, trustee, or other	
	ted fiduciary by that fiduciary)	
	ALMA L. RODRIGUEZ	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	