P11000074930

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2020 DEC 29 AM 9: 53
SECRETARY OF STATI

2/10/21

COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: ROJAS & SONS I	BUILDING SERVICES IN	c
	MBER: P11000074930		
	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	LUIS ROJAS		
		Name of Contact Persor	<u> </u>
	ROJAS & SONS BUILDING	SERVICES INC	
	·	Firm/ Company	
	3005 GREEN ACRES AVE	, ,	
		Address	
	LARGO,FL 33771		
		City/ State and Zip Code	
	SUNCREST_INC@YAHOO	D.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
LUIS ROJAS	C .		580-1934
Nam	e of Contact Person	at (727 Area Coo	_) de & Davtime Telephone Number
Enclosed is a check	for the following amount made		,
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)
A. D P.	ailing Address mendment Section vision of Corporations O. Box 6327 tllahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, F1, 32303

Articles of Amendment to Articles of Incorporation of

FILED

ROJAS & SONS BUILDING SERVICES, INC.

2020 DEC 29 AH 9: 53

(Name of Corporation a	as currently filed with the Fl	orida Dept of State) SEURETARY OF STATE
P11000074930		TALLAHASSES, FL
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this <i>Florida Profit Cor</i>	poration adopts the following amendme
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc." or "chartered," "professional association," or the abbrevia	r "Co". A professional cor	orporated" or the abbreviation "Corp" poration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	<u></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 new registered agent and/or the new registered offi		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
Sew Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	ered Agent: m familiar with and accept the	obligations of the position
Signatur	re of New Registered Agent, if	changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		 -		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	_	_		
Add				
Remove				
5) Change	<u></u>			
Add		 -		
Remove				
6) Change				
Add		_		
Remove				

(Attach aaditi	or adding addit onal sheets, if ne	rcessary). (Be	specific)				
			<u> </u>				
							
					 	-	
							-
				_ 	<u> </u>		
	· -						
					<u></u> .		
		<u> </u>					
If an amendr	nent provides fo	o <u>r an ex</u> change	, reclassificatio	n, or cancellat	ion of issued sh	iares,	
provisions f (if not a	or implementin pplicable, indica	<u>g the amendme</u> ite N/A)	ent if not contai	ined in the am	endment itself:		
UIS ROJAS 90							
ABIAN ROJAS	5 10 SHARES					-	
							
							-
							
						<u> </u>	

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	t(s) adoption:	_, if other than the
date this document was signed Effective date if applicable:	1. - 01-01-2021	
Elicetive date trappingarie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signature	3-2020	_
Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	LUIS ROJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	