

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : SUAREZ VEGA & ASSOCIATES INC  
Account Number : 120100000032  
Phone : (786) 290-3418  
Fax Number : (786) 264-6762

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: vegamiami@hotmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
L M SERVICES & REPAIRS INC**

Certificate of Status	0
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Page Count	01
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12 APR 11 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*AR*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: L M SERVICES & REPAIRS INC

DOCUMENT NUMBER: P12000033823

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

Please return all correspondence concerning this matter to the following:

JOSE M VEGA

Name of Contact Person

SUAREZ VEGA & ASSOCIATES INC

Firm/ Company

25 SE 2 AVE 410

Address

MIAMI, FL. 33131

City/ State and Zip Code

VEGAMIAMI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M VEGA

Name of Contact Person

at ( 786 ) 290-3418

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
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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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

04/11/2012 15:19 850-245-6804

DEPT. OF STATE

PAGE 01/04

04/02/2012 19:55 7852646752

SUAREZ VEGA

PAGE 01

850-817-6381

4/10/2012 3:54:48 PM PAGE 1/001 Fax Server

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April 10, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

L M SERVICES & REPAIRS INC  
3584 W 74 PLACE  
HIALEAH GARDENS, FL 33018US

SUBJECT: L M SERVICES & REPAIRS INC  
REF: P12000033823

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct page numbers. (Page 1 of 2 and page 2 of 2).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H12000094109  
Letter Number: 912A00011467

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04/02/2012 18:55 7852646762

SUAREZ VEGA

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PAGE 03

Articles of Amendment  
to  
Articles of Incorporation  
of

**L M SERVICES & REPAIRS INC**

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

**P12000033823**

(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:

**A. If amending name, enter the new name of the corporation:**

**L M MAINTENANCE & REPAIRS INC**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature. If changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

PAGE 1 OF 2

The date of each amendment(s) adoption: 4/10/2012Effective date if applicable: 4/10/2012

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted 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.

Dated 4/10/2012

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)

JOSE M. VEGA

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

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