P13000065445

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS
NOV 1 8 2013
EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	3			
NAME OF CORPORATIO	N: Tri-County	Maintenance S	ervices, Inc	
DOCUMENT NUMBER: _	P13000065445			
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.		
Please return all corresponder	Please return all correspondence concerning this matter to the following:			
	Abel Gonza	alez		
		Name of Contact Persor	1	
	Tri-County	Maintenance Se	ervices, Inc	
		Firm/ Company		
	1400 SW 2	?7th Ave Apt # 3	305	
	Address			
	Miami FL	. 33145		
		City/ State and Zip Code	2	
	abel080566	6@yahoo.com		
E		sed for future annual report	notification)	
For further information concerning this matter, please call:				
Abel Gonzalez		at (305	, 331-6648	
Name of Conf	act Person	Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6	-		n of Corporations Building	
	e, FL 32314	2661 E	Executive Center Circle	
		Tallaha	assee, FL 32301	

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Articles of Amendment to Articles of Incorporation of

13 NOV 12 PM 3: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tri-County Maintenance	Services, Inc	~ 2.11	MOSEE, FEORIDA
(Name of Corporation as o	urrently filed with the F	lorida Dept. of State)	
P13000065445			
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new nan	ne of the corporation:		
Tri-County Pavement Ma	rkings , Inc		The new
name must be distinguishable and conta "Corp" "Inc.," or Co.," or the designal word "chartered," "professional associati	ion "Corp." "Inc." or	'Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST.		N/A	
C. Enter new mailing address, if applic			
(Mailing address <u>MAY BE A POST O</u>	FFICE BUX)		
D. If amending the registered agent and			<u></u>
new registered agent and/or the new		<u>s:</u>	
Name of New Registered Agent	N/A	.	
_			
	·	eet address)	
New Registered Office Address:	N/A	, Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if chall hereby accept the appointment as register		with and accept the obligations of the pos	ition.

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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove			
3) Change	N/A	<u>N/A</u>	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

If amend (Attach a	ding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: e specific)
i/A	• • • • • • • • • • • • • • • • • • • •	
		
<u>If an am</u>	endment provides for an exchange	e, reclassification, or cancellation of issued shares,
provisi	ons for implementing the amendme	ent if not contained in the amendment itself:
(<i>y</i>	not applicable, indicate N/A)	·
1/A		
		

MMMKOVED . AND FILED

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The date of each amendment(s) adoption: 11/05/2013	FALLERETARY OF STAIF other than the
date this document was signed.	FALL AHASSEE, FLORIDA
Effective date if applicable: 11/05/2013	
(no more than 90 days after amend	dment file date)
Adoption of Amendment(s) (CHECK ONE)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by(voting group)	"
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	etion and shareholder
Dated 11/05/2013	
Signature (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receiv appointed fiduciary by that fiduciary)	r officers have not been ver, trustee, or other court
Abel Gonzalez	
(Typed or printed name of per	rson signing)
President	
(Title of person signit	ng)