P14 D00002004

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500275965065

08/13/15--01011--012 **35.00



AUG 1 4 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	HERNANDEZ INST	ALLATIONS INC			
	P14000002004				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
JOSE MATOS					
· -		(Name of Contact Pe	erson)		
MATOS INCOME TAX SI	ERVICES				
_		(Firm/ Company	;)		
6705 S US HIGHWAY 1					
		(Address)			
PORT ST LUCIE FL 34952					
1 = 1 (7 = 100 = 1)	(City/ State and Zip	Code)		
J_958@HOTMAIL.COM					
Е	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	erning this matter, please of	call:			
JOSE MATOS		at	772	521-5442	
••	(Name of Contact Person)			(Daytime Telephone Numb	ъег)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of :	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is seed)	
Mailing A	dduoo	C4.	root Adduses		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation 2015 AUG 13 AM 10: 25

HERNANDEZ INSTALLATIONS INC		LOFFORE CARY OF GTACE
(Name of Corporation as current	ly filed with the	
P1400002004		
(Document Number	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Ne</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.		/
B. Enter new principal office address, if applicable:		NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		773000
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered offic	e address in Flo	rida, enter the name of the
new registered agent and/or the new registered office a	idress:	/ -
Name of New Registered Agent:		\sim v/A
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	Agent: viliar with and ac	ecept the obligations of the position.
		n/a
Si	enature of New R	Registered Agent if changing

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 X Remove X Add	<u>V</u> <u>M</u> i	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VICTOR BAYLON ARELLANO	1310 EASTER AVE
X Add			FORT PIERCE FL 34950
Remove			
2) Change			
Add			
Remove			
3) Change			•
Remove			
4) Change			
Add			- The State of the
Remove			***************************************
5) Change		- <u></u> -	
Remove			
6) Change			
Add			
Remove			

If amending or adding add (attach additional sheets, if i	evessary). (Be specific)			
		-		
			, , , , , , , , , , , , , , , , , , ,	
				,_
	,,		,	
	-			
	·			
	N/f	}		
	1			
				·········
				
				

The date of each amendment(s)	adoption;	, if other than the
date this document was signed."		
0 Effective date if applicable:	6/11/2015	
Enecuve date it appricable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.	
☐ There are no members or m adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
08/11/20 Dated	015	
Signature	n el Hemorde 3	
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
SAM	UEL HERNANDEZ	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	