P14000040710

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SUPERIOR	MECHANICAL	SOWTIONS, INC.	
DOCUMENT NUMBE	R: P140000	40710	·	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	Monica Di	コレいへ Name of Contact Person		
-	SUPERIOR	Firm/ Company	SOLUTIONS, INC.	
_	6965 38	STREET N. Address		
_	Pinellas P	AEK FL 3: City/ State and Zip Cod	378\ °	
	FERIOR MECH SOLUTION II: mail address: (to be us concerning this matter, please		notification)	
Manica Du	hi	at (727) 804 - 2642 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	he following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	assee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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SUPERIOR MECHANICAL SOLU	TIONS, INC. 2019 ALIO 21 PH 10 Och
(Name of Corporation as current	ly filed with the Florida Dept. of State) 21 PM 4: 09
P14000040710	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6965 38th Sr. N
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	0965 38th Sr. N Pinellas Pack FL 33781
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6965 38th St N Pinellas Park FL 33781
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent PA	
(Florida si	reet address)
New Registered Office Address: New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen	
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

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 Doc 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> <u>Johr</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PVSTO	CLINT DULIN	1874 Michigan AVE NE
Add Remove			Saint PETERS BURY FL 33703
2) Change	PVSTD	Monica Dulin	1874 Michigan Ave NE Saint Petersburg Fr
Remove 3)ChangeAdd			33703
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	heets, if necessary). (Be	- •			
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f an amendment	oroyides for an exchange,	reclassification, or	cancellation of issu	ed shares.	
provisions for im	olementing the amendme	<u>nt if not contained i</u>	n the amendment it	<u>self:</u>	
(ң пот аррисс	ble, indicate N/A)				
N/A					
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		<u> </u>		<u> </u>	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☑ 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.	
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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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