P15000016010

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TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		AND REPAIR CORP	
DOCUMENT NUMB	P15000016010 ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
,	VERDECIA-MAS, ROBEKT	ro	
		Name of Contact Person	n
- :	20030 BELAIRE DR	Firm/Company	
- 1	MIAMI, FL33189	Address	
-		City/ State and Zip Cod	· · ·
,	rerdecia_r@yahoo.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VERDECIA-MAS, RC	BERTO	305 at (8156392 Ade & Daytime Telephone Number artment of State:
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)
Ame Divis P.O.	ing Address Indirect Section Indirect Se	Amend Division The C 2415	Address Iment Section on of Corporations ientre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 23 PM 4: 08

Articles of Amendment to Articles of Incorporation of

FARMS	SERVICE	A MID	DEPAID	CODD
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 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

P15000016010	(Name of Corporation as curren	itly filed with the Florida Dept. of State	1
	(Document Number	of Corporation (if known)	
Pursuant to the provisions ts Articles of Incorporati	s of section 607,1006, Florida Statutes, thon;	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
s. <u>If amending name, e</u> I/A	nter the new name of the corporation:		_
inc., or Co.," or the	able and contain the word "corporation," designation "Corp," "Inc," or "Co", al association," or the abbreviation "P.A	"company," or "incorporated" or the abbi A professional corporation name must	The new reviation "Corp.," contain the word
B. Enter new principal	office address, if applicable: MUST BE A STREET ADDRESS)	N/A	
	,		
. Enter new mailing a (Mailing address MA	ddress, if applicable: Y BE A POST OFFICE BOX	N/A	
. If amending the regis	stered agent and/or registered office ad	dress in Florida, enter the name of the	
Name of New Res	and/or the new registered office addres N/A gistered Agent	<u>ss:</u>	2024 / SECR TAL
	(Florida s	treet address)	\U6 23 .ET;;{\!\ .LAHA
New Registered C	N/A		S [™]
		(City)	TZip Code)
	Signature, if changing Registered Agen timent as registered agent. I am familiar	t: with and accept the obligations of the pos	111

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: riease note the Officer/airector time by the first tetter of the Office time:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

Example Officer (EO = Chief Financial Officer (CEO = Chief Financial Of $P = President; \ y = vice \ President; \ I = Ireasurer; \ S = Secretary; \ D = Director; \ IR = Irustee; \ C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.$ 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 Changes should be noted in the Johnship manner. Currently John Doe is listed as the rol and mike Johns is listed as the v. there is with Johnship manner. State of the Vand S. These should be noted as John Doe, PT as a Change.

X Change X Change X Remove X Add Type of Action (Check One) Change	PT V SV Title V	Lohn Doe Mike Jones Sally Smith Name VERDECIA, ALLEX		ese should be noted as J	is listed as p ohn Doe, P7
—— Add			· 	20030 Bel Aire Dr	
Remove			_	MIAMI, FL 33189	
2) Change					
Add					
3) Remove Change					
—— Add					
Remove					
4) Change			•		
Add					55
Remove			-		- 걸 뜻
5) Change					- <u>F</u>
—— Add					- 茅 翠
Remove					
6) Change					# ∃ #IS
Add					
Remove					

(Attach additional sheets, if necessary). (Be specific)			
N/A			
			
			
			
		-	
	<u> </u>		
_			
			
			
			
			
			
···			
If an amendment provides for an exchange, reclassification, or cancellation of	of isonad shares		
provisions for implementing the amendment if not contained in the amenda	nent itself:		
(if not applicable, indicate N/A) A			~3
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06/01/2024

The date of each amendment(s) adoption date this document was signed.	п:	_, if other than th	C
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block dedocument's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will tent of State's records.	not be listed as th	ľ
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and s	hareholder	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.		
	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):		
"The number of votes east for the	amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
08/12/202024			
Dated			
Signature		_	
selected, by ar appointed fidu	president or other officer – if directors or officers have not been i incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary) ECIA-MAS, ROBERTO		
			
Preside	(Typed or printed name of person signing) ent		
	(Title of person signing)		
	(Title of person signing)	A AUG 23 PM 4: 08 CRETAWY OF STATI TALLAHASSEE, FL	
		PM 4: 08 OF STATE SEE, FL	