Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033 Phone

: (305) 644-3055

Fax Number

: (305) 644-3052

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN NUNEZ POOL CONCRETE FINISH CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: NUNEZ POOL CONCRETE FINISH CORP
DOCUMENT NUMBER: P15000058669
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HOBED NUNEZ
Name of Contact Person
NUNEZ POOL CONCRETE FINISH
Firm/ Company
212NE51 CT
Address
POMPANO BEACH, FL 33064
City/ State and Zip Code
KRISIOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HOBED NUNEZ at (
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Tno



***	of of theorperation	16 MAR 10 AM 11:48
NUNEZ POOL CONCRETE FINISH CORP	,	SECRETARY DE STATE
(Name of Corporation 2	s currently filed with the Flo	orida Devalor State SEE. FLORIDA
215000058669		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tutes, this Florida Profit Corp	noration adopts the following amendment(
A. If amouding name, enter the new name of the corpo	ration;	
		The new
name must be distinguishable and contain the word "i "Corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abbi	Inc," or "Co". A profession	r "incorporated" or the abbreviation al corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	<b>a</b> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	***************************************	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		er the name of the
Name of New Registered Agent		
	(Florida street address)	·
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		obligations of the position.
	e of New Recistored Agent if	

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 PID.

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.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S	SELVIN NUNEZ	212 NE 51 CT
X Add			POMPANO BEACH,
Ramove			FL 33064
2) Change	T	SAID BARDALES	212 NE 51 CT
X Add			POMPANO BEACH,
Remove			FL 33064
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5)Change			
Add			
Remove			·
6)Change			
Add			
Remove			

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ovisions for im	provides for an explementing the anable, indicate N/A)	<u>nendment if not</u>	ification, or ca contained in t	ncellation of is he amendment	sued shares, itself:	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date is applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable stanuory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
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.	
03/09/2016	
Dated	
Habot ale nos	
Signature 7/05/1/1/10000000  (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)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	