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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DARIEL ELECTR	ICIAN & SIGNS CORP	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DARIEL LLANES		
		Name of Contact Persor	1
	DARIEL ELECTRICIAN &	SIGNS CORP	
		Firm/ Company	
	8165 NW 74TH AVE		
		Address	
	MEDLEY, FL 33166		
		City/ State and Zip Code	
	Absq Corp equal E-mail address: (10-be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DARIEN LLANES		at (786	2038253
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fec	☐\$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

D	Α	R	IFI	FI	.EC	TRI	C	IAN	R.	SI	GN°	5 (\cdot	₹P

(Name)	of Corporation as curre	ntly filed with the Flo	rida Dept. of State)		
P16000063251					
	(Document Numbe	r of Corporation (if kno	own)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, th	nis <i>Florida Profit Corp</i> e	oration adopts the following an	nendment(s) to	
A. If amending name, enter the new n	ame of the corporation:				
AB SERVICES GROUP CORP	 	 	T/s		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Sorp," "Inc," or "Co".	A professional corpo	porated" or the abbreviation " oration name must contain th	Corp.," ne word	
B. Enter new principal office address.	if annlicable:	N/A			
(Principal office address MUST BE A S					
					
C. Fator on a 20 and down March	blo.				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N A			
	<u> </u>		24.S		
			<u> </u>		
					
D. If amending the registered agent ar	id/or registered office a	ddress in Florida, ente	er the name of the	17 12	
new registered agent and/or the ne-				\ <u></u>	
Name of New Registered Agent	N/A		7 0		
1			A		
		street address)			
New Registered Office Address:	N/A		Elovida		
<u>New Registerea Office Address:</u>		(Cip)	, Florida (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Age	ent:			
I hereby accept the appointment as regist	ered agent. I am familia	ir with and accept the c	obligations of the position.		
	Signature of New	Registered Agent, if c	hanging		
	÷		·· •		

Check if applicable

[☐] The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>∆ddres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
<u>. </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

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	09/01/2024	
The date of each amendment(s) adoption:	, if other than t
date this document was signed.		
	9/01/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tno more than 90 days after amenament file dater	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholds	er action and shareholder
The amendment(s) was/were by the shareholders was were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s)	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	ŗ.	
	(voting group)	
09/11/2	024	
Dated		
Signature		
	a director president or other officer - if directors or officers have not	been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other	er court
арре	pinted fiduciary by that fiduciary)	
	DARIEL LLANES	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	