P17000014781

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LOBATON SERVICES INC DOCUMENT NUMBER: P17000014781 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FERMIN LOBATON MENDOZA Name of Contact Person LOBATON DRYWALL & STUCCO INC Firm/ Company 3235 45TH AVE NE Address NAPLES, FL 34120 City/ State and Zip Code CGPSSERVICES@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 285-0362
Area Code & Daytime Telephone Number **CARLOS PAZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1	LOB	A T	ON	SER	V1	CFS	INC
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(Name of	Corporation as curren	atly filed with the Florida Dept. of State)		
P17000014781		2. 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1		
Pursuant to the provisions of section 607.10	·	of Corporation (if known).		
ts Articles of Incorporation:				
A. If amending name, enter the new nan	se of the corporation:			
LOBATON DRYWALL & STUCCO INC				
name must be distinguishable and conta	in the word "cornorat	The newion," "company," or "incorporated" or the abbreviation		
	tion "Corp," "Inc," or	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:		3235 45TH AVE NE		
Principal office address <u>MUST BE A STI</u>		NAPLES, FL 34120		
		·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3235 45TH AVE NE		
		NAPLES, FL 34120		
If amending the registered agent and/ new registered agent and/or the new		SS:		
new registered agent and/or the new Name of New Registered Agent	registered office addre	SS:		
new registered agent and/or the new Name of New Registered Agent	registered office addre FERMIN LOBATON M 3235 45TH AVE NE	ENDOZA		
new registered agent and/or the new Name of New Registered Agent 3	registered office addre FERMIN LOBATON M 3235 45TH AVE NE (Florida)	SS: ENDOZA Street address)		
new registered agent and/or the new Name of New Registered Agent 3	registered office addre FERMIN LOBATON M 3235 45TH AVE NE	ENDOZA		

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	<u>T9</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<u>Addres</u> s			
1) X Change	P	FERMIN LOBATON MENDOZA	3235 45TH AVE NE			
Add		-	NAPLES, FL 34120			
Remove						
2) X Change	VP	MARIA L GOMEZ	3235 45TH AVE NE			
Add			NAPLES, FL 34120			
Remove						
3) Change			,			
Add			 			
Remove						
4) Change						
Add						
Remove						
5) Change						
Add	·					
Remove						
6) Change						
Add						
Remove						

	ach additional sheets, if necessary). (Be specific)
N/A	
_	
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	(5 544
	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wi document's effective date on the Department of State's records.	ll not be listed as the
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 east 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.	
Datea 4 6/04/2019 Signature Fermin / W1	
Signature Fermin / (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)	—
Termin Lobatin Mendozo (Typed or printed name of person signing)	
President (Title of person signing)	