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-05/24/24 2028/00T 14 AH 11+ 33





July 10, 2024

JAIME A ROJAS TD BUILDING SOLUTIONS CORP 7033 GOLD POINT CIRCLE TAMARAC, FL 33321

SUBJECT: TD BUILDING SOLUTIONS CORP

Ref. Number: P17000029428

We have received your document for TD BUILDING SOLUTIONS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on July 3, 2024.

Please return your document, along with a copy of this letter, within 60 days or

your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6000.

RUSSELL L HUNT
Letter Number: 824A00014936



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2024

JAIME A ROJAS TD BUILDING SOLUTIONS CORP 7033 GOLD POINT CIRCLE TAMARAC, FL 33321

SUBJECT: TO BUILDING SOLUTIONS CORP

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RUSSELL L HUNT Regulatory Specialist III

Letter Number: 824A00014936

$$3504 \Rightarrow 2850$$
 $3468 \Rightarrow 3695$
 $3470 \Rightarrow 3895$
 $3430 \Rightarrow 3865$
 $3552 = 3950$

SECRETARY OF STATE
TALLAHASSEE, FL 2024 OCT 14 PH 12: 2

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	TD BUILDING S	OLUTIONS CORP				
DOCUMENT NUM	IBER: P17000029428					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	JAIME ROJAS					
		Name of Contact Person	1			
	TD BUILDING SOLUTION	IS CORP				
	Firm/ Company					
	7033 GOLF POINTE CIRCLE					
	Address					
	TAMARAC, FL 33321					
	City/ State and Zip Code					
	INFO@TDBUILDINGS.COM					
	E-mail address: (to be us	sed for future annual report	notification)	۰۵ ۲	、	
For further informati	on concerning this matter, plea	se call:		ECRET	2021 OCT 14 MM 11: 33	
JAIME ROJAS		at (561	3052156	AHA:	-	
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber S O	줖	- { { { } { } { } { } { } { } { } { } {
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	CRETARY OF STATI	H: 33	<i>`</i>
■ \$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)	m	-	
	ailing Address nendment Section		Address Iment Section			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

TD BUILDING SOLUTIONS CORP

Check if applicable

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

(Name	of Corporation as currently	filed with the Florida Dept. of State)	
P17000029428			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp.," contain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
			
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Stating dadress <u>MAT DE A POST</u>	OFFICE BUX)		
			SEC:
			ALLS
D. If amending the registered agent ar		ss in Florida, enter the name of the	TARY OF
new registered agent and/or the new	JAIME ROJAS		AH SSE
Name of New Registered Agent	7033 GOLF POINTE CIRC	T.F.	SECRETARY OF STAT
	(Florida street address)		
New Registered Office Address:	TAMARAC	13	3321
New Registered Office Made ess.		, Florida,	(Zip Code)
N. D			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the posi	ition.
·br 1	Lance DD	i las	
<u> </u>	Signature of New Reg	gistered Agent, if changing	
V	. ,	· · · · · · · · · · · · · · · · · · ·	

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)

Remove

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; CE() = Chief Executive Officer; CF() = 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>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Р	CAROLINA MEJIA	523 LAKEVIEW DRIVE
Add			CORAL SPRINGS, FL, 33071
Remove 2) Change	Р	JAIME ROJAS	7033 GOLF POINTE CIRCLE
X Add			COLRAL SPRINGS, TAME AND SERVICES FL, 33321 FR. COLRAL SPRINGS, TAME AND SERVICES FL. 33321 FR. COLRAL SPRINGS FL.
Remove Change	<u>s</u>	CAROLINA MEJIA	523 LAKEVIEW DRIVE
X Add			CORAL SPRINGS FLOSTOTI
Remove 4) Change			OF STATE
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	

E. If amending or adding (Attach additional shee	g additional A ts, if necessary	rticles, enter change(s v). (Be specific)	<u>) here</u> :			
N/A						
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			on, or cancellation of issued slined in the amendment itself:			
(if not applicable,			med in the amendment restrict	•		
THIS AMENDMENT PR	OVIDES FOR	A RECLASSIFICATIO	ON OF ALL INSUED SHARES	S AS FOLLOW	S	
JOSEFINA ALVARADO	V	40@1.00 SHARES	OWNERSHIP PORCENTAJE	40%		
LADY FIGUEREIXO	sv	40@ 1.00 SHARES	OWNERSHIP PORCENTAJE	4()%		
CAROLINA MEJIA	S	20@ 1.00 SHARES	OWNERSHIP PORCENTAJE.	20%		
		<i></i>				

	10/14/2024		
The date of each amendment(s) ado date this document was signed.	ption:	<u>, , , , , , , , , , , , , , , , , , , </u>	_, if other than the
10/14	/2024		
Effective date if applicable:	(no more than 90 days after a	mendment file date)	
		• •	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory artment of State's records.	filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of direct	tors without shareholder action and	shareholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of volcient for approval.	otes cast for the amendment(s)	
must be separately provided for ea	oved by the shareholders through voting grach voting group entitled to vote separately	ly on the amendment(s):	
	or the amendment(s) was/were sufficient to	or approval	
by	(voting group)		38 36 36
	(voting group)	į	ACRI G
			ETA LOT
10/14/2024 Dated		ā	
	mr 12 Nose (0 0 0	PILED NOT IL MII: 33 ECRETARY OF STATE TAIL AHASSEE
(By a dire	ector, president or other officer – if director	ors or officers have not been	
sélected.	by an incorporator - if in the hands of a re-	eceiver, trustee, or other court	H W
арроіпіс	d fiduciary by that fiduciary)		
_	Typed or printed name, of perso	Jaime Rojas	
_	(Typed or printed name of perso	on signing)	·
_	Prosident		
	(Title of person signing)		