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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Borys Puentes Han	idyman Inc			
DOCUMENT NUM	BER: P18000008654				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jovani Puentes				
		Name of Contact Person	1		
	Borys Puentes Handyman Inc				
		Firm/ Company			
	3409 W Broad St				
	Address				
	Tampa FL 33614				
	City/ State and Zip Code				
	jovanipuentes@aol.com				
		sed for future annual report	notification)		
For further informatic	n concerning this matter, plea	se call:			
Jovani Puentes		at (<u></u> 813	270-1521		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Borys Puentes Handyman Inc			
(Name o	f Corporation as cu	rrently filed with the Flor	ida Dept. of State)
P18000008654			
	(Document Nun	nber of Corporation (if kno	wn)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes	s, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation	on:	
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	orp," "Inc," or "C	o". A professional corpo	oorated" or the abbreviation "Corp.,"
B. Enter new principal office address, i	f applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			24
C. Enter new mailing address, if appli- (Mailing address <u>MAY BE A POST C</u>		N. A	DEC -9 TH 5 2
D. If amending the registered agent and new registered agent and/or the new			r the name of the
Name of New Registered Agent	Jovani Puentes		
Name of New Registered Agent			
	(Flor	rida sweet address)	
	3409 W Broad St Tampa		33614
New Registered Office Address:	(City)		, Florida (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am fan	Agent: niliar with and accept the o	

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; F = 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 Doe	
X Remove	$\underline{\underline{V}}$	Mike Junes	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	p	Borys D Puentes Sr	3409 W Broad St
Add			Tampa FL 33614
X Remove		· · · · · · · · · · · · · · · · · · ·	3409 W Broad St
2) X Change	P	Jovani Puentes	Tampa FL 33614
Add			
Remove 3) Change			
Add			
Remove		-	
4) Change			
Add			
Remove		_	
5) Change			
Add			
Remove		_	
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IN/A	_
	_
	_
	_
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)	
(i) not applicable, marche 392) N/A	
	_

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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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and sha reh older
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ıl(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
sele	a thrector, president quother officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other copinted fiduciary by that fiduciary)	
	Jovani Puentes	
	(Typed or printed name of person signing)	
	Current Vice President - Future President	
	(Title of person signing)	