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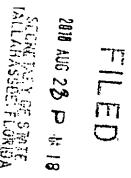
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION:	RESTORATION SERVI	CES INC		
DOCUMENT NUMBER		P18000038451	8000038451		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
		RAMON MEILLON			
_	Name of Contact Person				
	B&M RI	ESTORATION SERVICE	S INC		
_	_	Firm/ Company	<del></del>		
		37110 GOLDENROD C	T		
		Address			
		DADE CITY, FL 33523	3		
		City/ State and Zip Cod	e		
	e-mail address: (to be use oncerning this matter, please with MEILLON	352	807-8338		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:		
■ \$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)		
Mailing Address  Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Address Iment Section		

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

of

FILED

## **B&M RESTORATION SERVICES INC**

(Name of Corporation as current)			
(Name of Corporation as Current	ly filed with the Florida Der	ot. of State	Philo
P180000	38451	TATESPE THEY IS	- 10 3
(Document Number o	f Corporation (if known)	TALLAHASSEE,	FLORINA
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation :		
A. If amending name, enter the new name of the corporation:			
		TI	ie new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional corpoi	porated" or the abbr ration name must con	eviation tain the
3. Enter new principal office address, if applicable:	37110 GOLDENROD C	T	
Principal office address MUST BE A STREET ADDRESS )	DADE CITY, FL 33523		<del>,,,,</del>
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>		
	<del></del>		<del></del>
	ress in Florida, enter the na	me of the	
<ol> <li>If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address</li> </ol>	<u>s:</u>		
	<u>s:</u>		
new registered agent and/or the new registered office address	<u></u>		
new registered agent and/or the new registered office address  Name of New Registered Agent	reet address)		
new registered agent and/or the new registered office address  Name of New Registered Agent		, Florida	

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:	ve, ana sa	uy 3mun, 3r as an Aaa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	JOSE R BAUTISTA	1605 E OHIO ST
, Add			PLANT CITY, FL 33563
X Remove			
2) X Change	PT	RAMON MEILLON	37110 GOLDENROD CT
Add			DADE CITY, FL 33523
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			-
Add			
Remove			
5) Change			
Add			<del>.</del>
Remove			
6) Change			
Add			
Add Remove			
KCHIOV			

	sheets, if necessary).	(=== 17.11019107			
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1 an amendment	provides for an exc plementing the am	enange, rectassificant of	<u>cation, or cancell:</u>	<u>itton ot issued sna</u> pandmant itself:	res,
provisions for in	able, indicate N/A)	tenument ii not et	ontained in the an	actionicity tesetis.	
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•	08/20/2018	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	10040	
O8/20/ Effective date if applicable:		
mappine .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
hy	,,,	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
08/20/2018 Dated		
Signature 7.00	200 M C/1/01)	
(by a one	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
	RAMON MEILLON	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	