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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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Amend

SEP 2 3 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corpo			•	
NAME OF CORPOR	ER: PIS	Condruction	or And Cleaning In	
	of Amendment and fee are su			
Please return all corres	pondence concerning this it a	tter to the following:		
	-	•		
		mmirez		
	Bal Fini	Name of Contact Person	a Aproción	
		Firm/ Company		
	8800 CHIO	ressity Oko	ey suite C-2	
		Address		
	DOWSM	edo FL	32514	
		City/ State and Zip Cod		
	LUS 9 Ba E-mail addess: (to be le		notification)	
For further information	concerning this matter, pleas	se cali:		
2.01	Dimrer	at (STO	572684/	
Na ne c	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	[3\$43.75 Filing Fee & Certific ite of Status	☐843.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is er closed)	
Vlailing Address		Street	Address	
Ame	ndment Section	Amendment Section		
	sion of Corporations Box 6327		on of Corporations a Building	
	hassee, FL 32314		risunding Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

	filed with the Florida Dept. of State)	
P18 00005502	./	
(Document Number of		
Pursuant to the provisions of section 307.1006, Florida Statutes, this F its Articles of Incorporation:	florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "I	o'. A professi mal corporation name	
B. Enter new principal office address, if applie able: (Principal office address MUST B.5 A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		63
(Mailing cddress <u>MAY BE A POST OFFICE BOX</u>)		
		e an
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address;	ess in Florida, eater the name of the	7.
Name of New Registered Agant		
(Florida sire	•	
New Registered Office Address:	, Florida	
(Cit _i a	(Zîp Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the po-	ition.
Signature of New Re	gistered Agent, Tchanging	-

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 necessory)

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 Firmicial 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 foltoving 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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Bemove, and Sally Smith, SV as an Add

Example: \underline{X} Change	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>Υ</u>	<u>Mike Jones</u>				
<u>X</u> Add	<u> </u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name:</u>		Address		
1) Change	VP_	sufrea Po	rez murales	122	FALER	CIY
Add Remove				Ponsac	·0/2 7L	<u> 32</u> 514
2) Change	A					
Add						
Remove						- ·
3)Change						
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ın amendment	provides for an o	eschange reclass	ification ar case	ellation of is mod	shares	
ovisions for ir	nplementing the exable, indicate N/A	<u>amendment if not</u>				
(ң ноғ аррас	ante, maicate 27.1	1,				
						
						
						
						

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date this document was signed.	
Effective date if applicable:	
(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 vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Ameadment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/vere adopted by the shareholders. The number of votes cart 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 cast for the amendment(s) was/were sufficient for approval	
by	
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. Dated	
Signature Legislar Ac President or other officer – if directors or officers have not been selected. Fy an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Loobardo quelar	
(Typed or printed name of person signing)	
President	
(Title of person signing)	