P18000086586

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, ,	
(Document Number)	
,	
Certified Copies Certificates of	Status
	
Special Instructions to Filing Officer:	

Office Use Only



40034117545



11 63 1-

85,195,120--01000--020

RECEIVED MAR 0 2 2020

Mamach;

AUG 1 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section 2020 Pr. 15: 50 Division of Corporations NAME OF CORPORATION: SALAZAR & FITZHUGH SERVICES INC DOCUMENT NUMBER: P18000086586 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS SALAZAR Name of Contact Person SALAZAR & FITZHUGH SERVICES INC Firm/ Company 429 WEST WING DR Address NORTH PALM BEACH, FL 33408 City/ State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS SALAZAR

at () 840-0

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy

(Additional copy is enclosed)

S52.50 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

March 26, 2020

LUIS SALAZAR 429 WEST WING DR NORTH PALM BEACH, FL 33408

SUBJECT: SALAZAR & FITZHUGH SERVICES INC

Ref. Number: P18000086586

We have received your document for SALAZAR & FITZHUGH SERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000074828 - SALAZAR SERVICES INC..

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 call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

0 DOW 0005 M H 1 1 0004 1

Letter Number: 420A00006213

Articles of Amendment to Articles of Incorporation of

SALAZAR & FITZHUGH SERVICES INC

(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>ate</u>)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation: L.S REMODELING SERVICES INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Inc.," or Co" or the designation "Corp." "Inc.," or "Co". A professional corporation name m "chartered," "professional association," or the abbreviation: "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
A. If amending name, enter the new name of the corporation: L.S REMODELING SERVICES INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co" or the designation "Corp." "Inc.," or "Co". A professional corporation name m "chartered," "professional association," or the abbreviation: "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
L.S REMODELING SERVICES INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the allowing of the designation "Corp," "Inc," or "Co". A professional corporation name m "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ne following ar
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name m "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
"Inc.," or Co" or the designation "Corp." "Inc," or "Co". A professional corporation name m "chartered," "professional association," or the abbreviation: "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T):
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	020
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
	25
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	1:19
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address: Name of New Registered Agent	<u>he</u>
(Florida street address)	
·	
New Registered Office Address:, Florid	la(Zip Code
	(= ,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	position.
Signature of New Registered Agent, if changing	···
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 ti 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of expresident, 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
_			
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary).	. (Be specific)
<u></u>	
·	
	•
· · · · · · · · · · · · · · · · · · ·	
	······································
	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
·	
· · · · · · · · · · · · · · · · · · ·	

	t(s) adoption:, if
date this document was signed Effective date if applicable:	08/03/2020
Directive unto <u>in approximate</u>	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and share
• •	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	,"
	(voting group)
Dated	p plus alger (
(E S	By a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	LUIS SALAZAR
	(Typed or printed name of person signing)
	OWNER
	(Title of person signing)

•