PP100000 8192

(Reque	estor's Name)	
(Addre	ess)	· <u>······</u>
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2019 FEB -4 PM 3: 21

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	R&B RESTORAT	TION AND MA	UNTENANO	DE INC.
DOCUMENT NUMB				: :
	of Amendment and fee are su	ibmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
;	EVELYN N. OBANDO PR	OANO		
-		Name of Co	ontact Person	1
-		Firm/ (Company	
	5424 36TH CT E			
•	ELLENTON,34222	Ad	dress	
-		City/ State a	and Zip Cod	<u> </u>
corde	roagency@yahoo.com			
	E-mail address: (to be u	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
EVELYN N. OBAND	ofroano	at (917	8709783
Name 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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy Leopy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ndment Section sion of Corporations Box 6327		Ameno Divisio Clifton	Address Iment Section on of Corporations Building
Ame Divi: P.O.	ndment Section sion of Corporations		Ameno Divisio Clifton	Iment Section on of Corporations

Tallahassee, FL 32301

COVER LETTER

		COVER LETTER		دے
TO: Amendment Sec Division of Corp				DIS FEB
NAME OF CORRO	RATION: R&B RESTORAT	TON AND MAINTENANG	CE INC.	P. F.
NAME OF CORPO	P1900008192			10 TO
DOCUMENT NUM	BER:			بن این کری کری
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	EVELYN N. OBANDO			
		Name of Contact Person	1	
	5424 36TH CT E	Firm/ Company		
		Address		
	ELLENTON,34222		•	
		City/ State and Zip Cod	e	
cord	eroagency@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
EVELYN N. OBANE	DO	917 at (8709783	
Name	of Contact Person	·	de & Daytime Telephone Nu	nber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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)	
Am Div P.O	iling Address tendment Section rision of Corporations D. Box 6327 dahassee, FL 32314	Ameno Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301	

Articles of Amendment to Articles of Incorporation of

2019 FEB -4 PM 3: 22

R&B RESTORATION AND MAINTENANCE INC.

of Corporation (if known) Florida Profit Corporation adopts the following amendment(s) t
Florida Profit Corporation adopts the following amendment(s) t
The new
on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
5424 36TH CT E UNIT 303
ELLENTON, FL 34222
ress in Florida, enter the name of the s:
reet address)
(City) , Florida (Zip Code)
t: with and accept the obligations of the position.

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)

٠.

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: 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)	<u>Title</u>	Nam	a <u>e</u>		Address
1) Change			.		
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

). (Be specific)
	<u> </u>
II an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
- new relang for implementing the one	nendment if not contained in the amendment itsen.
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option: if other than the
01/3	1/2019
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
01/31/2019 Dated	9
	lyn N. Obando Proano
(By a di selecter	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed tiduciary by that fiduciary)
	EVELYN N. OBANDO PROANO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

 $\mathcal{E}_{i} = \mathcal{E}_{i}$