## P19 000 010359

(Re	equestor's Name)	<del>-                                    </del>
(Ad	ldress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
A.		

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SECRETARY OF STATE CARROLL AND STATE OF STATE OF

J DENINIS DEC 0 7 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ROUND THE CLO	OCK RESTORATION INC	·	
	IBER: P19000010359			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	JACK A LOCKSPEISER			
		Name of Contact Person	1	
	ABOVE ALL ACCOUNTING			
	<del></del>	Firm/ Company		
	285 NE 185TH STREET #24	<b>,</b>		
		Address		
	MIAMI, FL 33179			
		City/ State and Zip Code	e	
	LACY OADOVEALLACCO	FINITEINA NUME		
	JACK@ABOVEALLACCO	sed for future annual report		
or further informati	on concerning this matter, pleas		467-7789	
Name of Contact Person		at ( 305 ) 467-7789  Area Code & Daytime Telephone Number		
Enclosed is a check (	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fcc	☐ \$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			Address	
	nendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ROUND THE CLOCK RESTORATION INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
19000010359	
(Docume	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the cor	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
Enter new principal office address, if applicable:	
rincipal offic <mark>e addres</mark> s <u>MUST BE A STREET ADDI</u>	RESS)
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
. If amending the registered agent and/or registered new registered agent and/or the new registered o	
new registered agent and/or the new registered o	ince address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
un Davistanud Asant's Signature if shansing Dagi	interned Asserts
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent:   am familiar with and accept the obligations of the position.
Signal	ture 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 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; 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.

X Change	<u>P1</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>	Name	<u>Addres</u> s
1)Change	P	DORON SHLOMO	2536 SW 55TH STREET
Add			FORT LAUDERDALE, FL 33312
X Remove 2) Change	P	SUSIE B WARSHAW	3300 NE 192 STREET #416
X Add	<del></del>	<del></del>	AVENTURA, FL 33180
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additiona	sheets, if necessary). (L	Be specific)			
			_		
					<del></del>
- <del></del>					
					_
	<del></del>	<del></del>			<del></del>
		·			
lf on amondman	provides for an exchang	no reclassification	or concellation of ic	enad chara.	
provisions for i	nplementing the amendr	ment if not containe	d in the amendmen	t itself:	
(if not appli	able, indicate N/A)		-		
	<del>_</del>	<del></del>			

	8/24/2022	
The date of each amendme	· · ·	, if other than the
date this document was signe	ed.	
	08/24/2022	
Effective date <u>if applicable</u>	:	te)
	n this block does not meet the applicable statutory filing requirement the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s	(CHECK ONE)	
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without share	eholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the awere sufficient for approval.	amendment(s)
	ere approved by the shareholders through voting groups. The followeded for each voting group entitled to vote separately on the amenda	-
"The number of vo	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u></u>	(voting group)	
08/2	24/2022	
Dated		
Signature	m m	
	By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
	DORON SHLOMO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	