P19 000014693

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RIVAS REMODE	LING SERVICES INC	· · · · · · · · · · · · · · · · · · ·				
DOCUMENT NUM	PIGARANTAROS						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	atter to the following:					
	IGNACIO RIVAS NUNEZ						
	Name of Contact Person						
	RIVAS REMODELING SERVICES INC						
		Firm/ Company					
	1020 Friendship Lane						
	***	Address					
	Greenacres, FL 33463						
	·	City/ State and Zip Code	e				
For further informatio	E-mail address: (to be us	sed for future annual report	notification)				
IGNACIO RIVAS NUNEZ at () 234-5288							
Name	of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	or the 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

RIVAS REMODELING SERVICES INC

(<u>Name</u>	of Corporation as curre	ntly filed with the Florida	Dept. of State)
P19000014693			
	(Document Numbe	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corpora</i> t	tion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	lorp," "Inc," or "Co".	A professional corporat	ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A S</u>		N/A	
		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
		N/A	
		N/A	
			14
D. If amending the registered agent an new registered agent and/or the new			ne name of the
Name of New Registered Agent	N/A		
	N/A	***	
	(Florida	street address)	
New Registered Office Address:	N/A		, Florida N/A
		(City)	(Zip Code)
		(City)	(Zīp Code)
New Registered Agent's Signature, if c	hanoino Revistered Ave	nt•	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the oblig	rations of the position.
	Signature of New	Registered Agent, if chang	ging
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>PT</u>	John D	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	S	_	MARIA C CORTES GUTIERREZ	1020 Friendship Lane
Add				Greenacres, FL 33463
Remove				
2) Change	VP		CARLOS RIVAS -CORTES	1020 Friendship Lane
X Add				Greenacres, FL 33463
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				of British and
Remove				

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If an amendment provides for an exchange, reclassification, or cancellation of issued share	ar:
provisions for implementing the amendment if not contained in the amendment itself:	<u> </u>
Construction of the Constr	
(i) noi appiicanie, maicale N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) A	

The date of each ame date this document wa		F-1		, if other than the	
Effective date <u>if appl</u>	icable:				
		(no more than 90 d	ays after amendment file date)		
		ck does not meet the applicabl artment of State's records.	e statutory filing requirement	s, this date will not be listed as the	
Adoption of Amendn	ient(s)	(<u>CHECK ONE</u>)	(<u>CHECK ONE</u>)		
The amendment(s) action was not requ	-	led by the incorporators, or boa	rd of directors without shareho	lder action and shareholder	
		ed by the shareholders. The nuicient for approval.	umber of votes cast for the ame	endment(s)	
		oved by the shareholders throug sich voting group entitled to vot			
		r the amendment(s) was/were s			
by		(voting group)			
		(voting group)			
Date	06/07/2022 ed				
Sign	ature	Type -			
- 3	(By a dire selected, l	ctor, president or other officer by an incorporator – if in the ha l fiduciary by that fiduciary)			
	IC	GNACIO RIVAS NUNEZ			
		(Typed or printed nan	ne of person signing)		
	PF	RESIDENT			
	_	(Title of person signir	ng)	 	