P19000029893

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2020

ARIS CERVANTES AMADA 6501 SALINE ST TAMPA, FL 33634

SUBJECT: C & L RESURFACING CORPORATION

Ref. Number: P19000029883

We have received your document for C & L RESURFACING CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

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

Letter Number: 920A00019413

Articles of Amendment to Articles of Incorporation of

	JRFACING CORPORATION
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P190	000029883
(Document No	lumber of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statut s Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corpora	ation:
	The new
ame must be distinguishable and contain the word "corporal Inc.," or Co.," or the designation "Corp," "Inc," or " chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u> </u>
Pater and address of the Pater	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. S
	<u> </u>
. If amending the registered agent and/or registered offi	C C
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fl	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
B 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	A Agent: cumiliar with and accept the obligations of the position
, , ,,	and the property of the proper
Signature of	of New Registered Agent, if changing
Theck if applicable	
The amendment(s) is/are being tiled pursuant to s. 607.012	20 (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)

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MUR	Diana. 5	10501 591ines
X Add		le on Hernandez	fampa FC 33/030
Remove			
2) Change			
Add			
Remove 3) Change	·		
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)			
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	-			
		•		
an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued sh	iares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:		
ty wor appreciate. Indicate 1971/				
				·
				

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The date of each late this documen	amendment(s) adoption:	an the
Effective date <u>if a</u>	applicable: (no more than 90 days after amendment file date)	
Note: If the date locument's effecti	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ive date on the Department of State's records.	as the
Adoption of Ame	ndment(s) (CHECK ONE)	
The amendmen action was not i	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder required.	
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☐ The amendmen by the shareho	it(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lders was/were sufficient for approval.	
by the shareho The amendmen	at(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lders was/were sufficient for approval. at(s) was/were approved by the shareholders through voting groups. The following statement nely provided for each voting group entitled to vote separately on the amendment(s):	
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