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TO: Amendment Section

Division of Corporations

ALBERTO ELECTRICAL SERVICES, INC. NAME OF CORPORATION: DOCUMENT NUMBER: P19000045225 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO BETANCOURT LEYVA Name of Contact Person ALBERTO ELECTRICAL SERVICES, INC. Firm/ Company 350 EAST 21 STREET, APT, 304 Address HIALEAH, FL 33010 City/ State and Zip Code betom09@yahoo.es E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALBERTO BETANCOURT LEYVA 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 & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division 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

ALBERTO ELECTRICAL SERVICES, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P19000045225	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
LAWTON REPAIR SERVICES, INC.	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". , "chartered," "professional association," or the abbreviation "P.A."	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
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) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	treet addressj
New Registered Office Address:	, Florida
	(City) (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 k	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	% <u>5</u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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>	John Doe		
X Remove	<u>V</u>	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				
5) Change			 	
Add				
Remove				
6) Change			 	
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
·	
	

09/23/2020 The date of each amendment(s) adoption: _ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) 09/23/2020 Dated_ Signature X (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ALBERTO BETANCOURT LEYVA (Typed or printed name of person signing) PRESIDENT

(Title of person signing)