## P1900073597

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02/13/24--01012--001 \*\*35.00

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporation			
	<b>\</b>		
NAME OF CORPOR	ATION: QUIJANO MIAMI	SERVICES CORP	
DOCUMENT NUMB	ER;		
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	condence concerning this man	ter to the following:	
	ASDRUBAL O. QUIJANO	SALAS	
-	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
_		Firm/ Company	
1	05 W Bayridge Dr	Time Company	
_		Address	
_	VESTON, FL 33326		
		City/ State and Zip Code	?
a	sdrubal.quijano@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ASDRUBAL O. QUIJA	ANO SALAS	at ( <u>954</u>	761-6852
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [	xiyable to the Florida Depa	irtment 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)
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

QUIJANO MIAMI SERVICES CORP

Corporation (if known)	
Florida Profit Corporation adopts the following a	mendment(s)
	,
7	he new
ompany," or "incorporated" or the abbreviation	"Corp. "
N/A	
	<del> ·</del>
	<del></del>
N/A	
	<u></u>
oss in Florida, enter the name of the	•
ess in Clorida, enter the hame of the	
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	-
et address)	-
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	le)
	ompany," or "incorporated" or the abbreviation professional corporation name must contain to N/A  N/A  N/A  N/A  Sess in Florida, enter the name of the

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>	John Doe			
X Remove	Y	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3 ) Change		<u> </u>			~
Add					
Remove				·	· 
4) Change			<u></u>		<u>.</u>
Add					· 
Remove					
5) Change			<del></del>		
Add					
Remove					
6) Change					
Add					
Remove					

(Attach add	z or adding additional A tional sheets, if necessary	v). (Be specific)				
The purpose f	or which this corporation	is organized is to pa	inting in general, ren	nodeling, and pressur	e cleaning.	
<del></del>						
		<del></del>				
		<del></del>			··· · <del></del> -	
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F. If an amen	lment provides for an e	xchange, reclassific	ation, or cancellation	on of issued shares,		
F. If an amen provision: (if not	Iment provides for an engling the a applicable, indicate N/A)	xchange, reclassific mendment if not co	ation, or cancellation	on of issued shares, adment itself:		
F. If an amen provisions (if not N/A	Iment provides for an e for implementing the a applicable, indicate N/A)	xchange, reclassific mendment if not co	ation, or cancellation the amer	on of issued shares, adment itself:		
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	01/19/2024	
he date of each amendment(s) a	idoption:	, if other than
te this document was signed.		
	19/2024	
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	,	
ote: If the date inserted in this cument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as
loption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	•	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
01/19/202	4	
Dated		
Signature		
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
арроп		
	ASDNBAL PUITAND	
	(Typed or printed name of person signing)	
		<b>5</b> 1
	PRESIDENT	<b>.</b> .
	(Title of person signing)	
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