P19 0000 89374

Office Use Only

J. FASON JUN 25 2021



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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: R & C PROFESSI	ONAL MAINTENANCE S	SERVICES CORP
	MBER: P19000089374	<u> </u>	
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	ELIZABETH CONSUEGRA		
		Name of Contact Person	1
		Firm/ Company	
	2669 FOREST HILL BLVD	SUITE 107	
		Address	
	WEST PALM BEACH, FL 3		
		City/ State and Zip Code	e
	LIZCONSUEG@GMAIL.CO	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se catl:	
ELIZABETH CON	SUEGRA	at (<u>561</u>	635-2516 de & Daytime Telephone Number
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$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)
A D P	hailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

R	&	(PI	₹() <u> </u>	E	SS	šĪ	0	1	1	٧I	١.	١	1,	١	D	₹.	r	Ε:	V.	Ā	N	C	E	S	E	R	١	7	C	Е	S	C	0	R	Ī
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(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
9000089374		
(Document Num	nber of Corporation (if known)	
rsuant to the provisions of section 607,1006, Florida Statutes Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> adopts the follow	ring amendmer
If amending name, enter the new name of the corporation	on:	
		The new
me must be distinguishable and contain the word "corporationc" or Co., " or the designation "Corp," "Inc." or "Cohartered." "professional association," or the abbreviation "	o". A professional corporation name must cont	tion "Corp.,"
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office		
new registered agent and/or the new registered office ad	<u>ldress:</u>	
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	. Florida	2021
new neglitera vynae maaress.	(City) (Zi	p Code)
		—
		10
w Registered Agent's Signature, if changing Registered E ereby accept the appointment as registered agent. I am fam	Agent:	
ereny accept ine appointment as registerea agent. I am jam	unar with and accept the obligations of the position	FH II: 29
		\sim
		9
		9

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)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DANIEL CHIRINO	6625 W 4 AVE APT 202
X Add			HIALEAH, FL 33012
Remove			
2) Change	T	REYNALDO REMIGIO CHINEA	28300 SW 204 AVE
X Add			HOMESTEAD, FL 33031
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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

. .

•	05/05/2021	
The date of each amendment(s) and date this document was signed.	loption:	, if other than th
~	5/2021	
Effective date <u>if applicable.</u>	tno more than 90 days after amendme	ent file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors wit	nout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cas fficient for approval.	t for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes cast	or the amendment(s) was/were sufficient for appro	ival 22
by	(voting group)	921 Hair
Dated 5/5	131	2021 Hay 10 All H: 2
selected	rector, president or other officer – if directors or of , by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary)	ficers have not been $\qquad \qquad \Theta$
	DANIEL CHIRINO	
	(Typed or printed name of person signir	g)
	PRESIDENT/INCORPORATOR	
	(Title of person signing)	