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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : I20200000179 Phone

: (786)253-9951

Fax Number

: (305)397-1052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN OLIVA'S SMART SERVICES & REPAIR CORP

Certificate of Status	0
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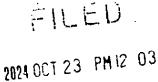
Help

Check if applicable

The amendment(s) Is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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Articles of Amendment to Articles of Incorporation of



SE RELIGIONS OLIVA'S SMART SERVICES & REPAIR CORP (Name of Corporation as currently filed with the Florida Dept. of State) P20000015085 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: OLIVA ELECTRICAL CONTRACTOR, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 Registered Agent, if changing

Example:

13053971052

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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.

X_Change	<u>14</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u> </u>	Sally St	mith .	
Type of Action (Check One)	Title		<u>Name</u>	Address
I) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_	 -	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				·

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E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
F. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself;

To: FL DIVISION OF CORPORATIONS

Page: 5 of 5

2024-10-22 21:39 43 GMT 13053971052

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The date of each amendment(s) adoption:

The date of each amendment(s) ado date this document was signed.	ption:	, if other than t
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dept	ck does not meet the applicable statutory filing requirements, artment of State's records.	, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the americient for approval.	ndment(s)
must be separately provided for ea	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment or the amendment(s) was/were sufficient for approval	
by	n are attendition(3) was were sufficient for approval	
бу	(voting group)	
10/22/2024 Dated		
Signature	URION	
(By a dire selected,	ctor, president or other officer + if directors or officers have no by an incorporator - if in the hands of a receiver, trustee, or ot I fiduciary by that fiduciary)	
ונ	UNIOR OLIVA	
-	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	