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(R	'equestor's Name)	
(A	ddress)	
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PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION:	ROANDY SERVICES IN	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBE	UMENT NUMBER:			
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	itter to the following:		
		LIBNI A. PEREZ GOM	EZ	
_		Name of Contact Person	n	
 ,	<u></u>	Firm/ Company		
	1599 GARDINER STREET.			
	Address			
	HANES CITY, FL 33844			
		City/ State and Zip Cod	e	
	AM	ERICATAX0109@HOTM	AIL.COM	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information o	concerning this matter, plea	se call:		
LIBNI A	. PEREZ GOMEZ	at (561	768-2161	
Name of Contact Person		Area Co)de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations Fox 6327 Fox 6327	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

ROANDY SERVICES INC

(<u>Name</u>	of Corporation as currently 1	iled with the Florida Dept. of Sta	nte)
	(Document Number of C		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006. Florida Statutes, this Fl	orida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	action "Corp," "Inc," or "Co	". A professional corporation no	
B. Enter new principal office address, if applicable:		1599 GARDINER STREET	r.
(Principal office address <u>MUST BE A S</u>		HANES CITY, FL 33844	
			262
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1599 GARDINER STREET.	4 SEP
		HANES CITY, FL 33844	SO.
			mir da
D. If amending the registered agent an new registered agent and/or the ne		s in Florida, enter the name of th	T N
Name of New Registered Agent	LIBNI A PEREZ GOMEZ		
nume of new negative ingen	1599 GARDINER STREET.		
	(Florida street	address)	
New Registered Office Address:	HANES CITY,	. Florid	33844
the regimered Office readings.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		h and accept the obligations of the	position.
	20)		
	Signature of New Reg	istered Agent, if changing	

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	Name	<u>Addres</u> s
1) Change	VP	RONI A AGUILAR HERNANDEZ	130 B STREET
Add X Remove			HAINES CITY, FL 33844
2) X Change	P	LIBNI A. PEREZ GOMEZ	1599 GARDINER STREET.
Add			HANES CITY, FL 33844
Remove			
3) Change	 	-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	
	
'an amandmant nuavidas for an arab	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: _date this document was signed.	09/24/24	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: It the date inserted in this block does document's effective date on the Department of		requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		t for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil		
	nendment(s) was/were sufficient for appro	val
by	oting group)	
The amendment(s) was/were adopted by the action was not required.		action and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder actio	n and shareholder
09/. Dated	24/2024	
Signature The S		
(By a director, pr selected, by an in	esident or other officer – if directors or of acorporator – if in the hands of a receiver. ary by that fiduciary)	
	LIBNI A. PEREZ G	OMEZ
•	(Typed or printed name of person signir	ng)
	PRESIDENT	
	(Title of person signing)	