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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NID Restocation Services	
DOCUMENT NUMBER: <u>\Q200 000 64410</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wainren Occureta	٠.
Name of Contact Parcon	
N80 Restoration Services	
Firm/ Company	
422 SW 2nd TerrowWhid 105	
Address	
Cape Coral FL 33999 City/ State and Zip Code	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	77
For further information concerning this matter, please call:	
Name of Contact Person W. develop at (239) 6923897	
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 \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee	
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is enclosed)	
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Amendment Section Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles o	f Incorporation		En
	of	2026	FILED R-1 PH 4:41
	afion Serv	1CC S TAP	R-1 DI
(Name of Corporation as curr		orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
P 2000	0064410	`\{\forall \\	37. C
(Document Numb	er of Corporation (if kn	own)	1000
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corp	poration adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>		
			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 "I	". A professional corp		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
, , , , , , , , , , , , , , , , , , ,			
			
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
D. If amending the registered agent and/or registered office		ter the name of the	
new registered agent and/or the new registered office add	<u>lress:</u>		
Name of New Registered Agent			
(Florie	da street address)		<u></u>
· ·	,		
New Registered Office Address:	(City)	, Flo ri da	(Zin Code)
	10.199		(S.p Collay)
New Registered Agent's Signature, if changing Registered A	gent:		
hereby accept the appointment as registered agent. I am fami		obligations of the pos	ition.
			
Signature of N	ew Registered Agent, if	changing	
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)

Example:

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	PT John De	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
_X Add	SV Sally S	mith	, , , , , , , , , , , , , , , , , , ,
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u> _	Duston Barron	422 Sw 2nd terrace Unit 105 Cape wice
_ <u>×</u> Add			•
Remove	<i>c</i> -	$\sim 1.$	FL 33991
2) Change	CEU	Duskin Boush	1Mit 105 Cape Corel
<u>X_</u> Add		1	Mit 103 Cape Corel
Remove Change			FL3399/
Add			
Remove			<u>. </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		,	
6) Change			
Add			
Demove			

. If amending or adding additional (Attach additional sheets, if necessar	Articles, enter changery). (Be specific)	<u>e(s) here</u> :		
				
			······································	
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				,
				·
				
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			· · · · · · · · · · · · · · · · · · ·	·
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A)	amendment if not con	tion, or cancellatio tained in the amen	n of issued shares, idment itself:	
		··- ·· · · · · · · · · · · · · · · · ·		
	-			

The date of each amendment(s) adoption: 03/94/2024 , if other than the date this document was signed.
Effective date <u>if applicable</u> : 02/01/2029 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing 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 cast 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
hy"
(voting group)
Dated 03/24/2024
Signature 4/2-F-14
(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)
(Typed or printed name of person signing)
(Title of person signing)
(i the or person againing)