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SECRETARN OF STATE TALLAHASSEE, FL

A. Butter

COVER LETTER

*

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	ANICAL SERVICES COR	<u>i'</u>	
DOCUMENT NUMI	BER: P21000011092			
	of Amendment and fee are st			
Please return all corre	spondence concerning this ma	ntter to the following:		
	YASMANY CORVEA QUI	NTANILLA		
		Name of Contact Perso	n	
	CORVEA MECHANICAL S	SERVICES CORP		
		Firm/ Company		
	6095 WEST 18TH AVENUE	E APT \$123		
		Address		
	HIALEAH, FL 33012			
		City/ State and Zip Cod		
	n concerning this matter, plea			
Name of Contact Person		Area Co	de & Daytime Telephone Number	
inclosed is a check fo	r the following amount made	payable to the Florida Dep	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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Fallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CORVEA MECHANICAL SERVICES CORP

(Name of Corneration as curren	tly filed with the Florida Dept3 of State 3: 4	
P7100011091	···	
(Document Number	of Corporation (if knownLLAHASSEE, FL	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
N/A	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 "P.4.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	6095 WEST 18TH AVENUE APT \$123	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FLORIDA 33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6095 WEST 18TH AVENUE APT \$123	
	HIALEAH, FLORIDA 33012	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
N/A Name of New Registered Agent		
(Florida si	treat address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	1.	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New I	Registered Agent, if changing	
Check if applicable		

 \square 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change			N/A	
Add			<u> </u>	
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		<u>-</u>		-
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change	_			
Add				
Remove				

E. <u>If amending</u> (Attach <i>addit</i>	or adding additional A tional sheets, if necessary	articles, enter chan 7. (Be specific)	ge(s) here.		
N/A		- '			
•					
		12		<u> </u>	
			-		
		•			
					
· · · · · · · · · · · · · · · · · · ·				····	
If an amend	ment provides for an ex	change, reclassific	ation, or cancellat	ion of issued shares,	
(if not a	for implementing the ar applicable, indicate N/A)	nengment it not co	ntained in the am-	endment itself:	
₩ A					
					
					
- "					
			<u>-</u> .		

•	01/28/2021	
The date of each amendment(s late this document was signed.) adoption:, it	other than the
0	1/28 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were action was not required.	adopted by the incorporators, or board of directors without shareholder action and share	cholder
☐ The amendment(s) was were by the shareholders was were	adopted by the shareholders. The number of votes east for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
03/25/20 Dated		
Signature	Juny) Idirector, president or other officer – if directors or officers have not been	
selec	(directly), president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	VASMANY CORVEA QUINTANILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Notary Public State of Florida ARAMIS BRITO DONATES My Commission HH 031487 Expires 10/25/2024