Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

]AN 6:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone

: (305)226-8727

Fax Number : (305)226-8767

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN PMP ALL SERVICES AND REPAIRS INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

DEC 1.0 2021

ALBRITTON

TO: Amendment Section

COVER LETTER

| Division of Corpo | rations | | | |
|--------------------------|---|--|--|--|
| NAME OF CORPOR | ATION: PMP ALL SERVI | CES AND REPAIRS INC | | |
| DOCUMENT NUMB | | | | |
| The enclosed Articles of | f Amendment and fee are su | ibmitted for filing. | | |
| Please return all corres | condence concerning this ma | atter to the following: | | |
| 1 | LUCIA ESTRELLA | | | |
| - | <u> </u> | Name of Contact Perso | <u> </u> | |
| 1 | LICENSES & PERMITS LL | c | | |
| | | Firm/ Company | | |
| 8 | 300 WEST FLAGLER STR | REET SUITE 114 | | |
| | | Address | _ | |
| 1 | MIAMI, FLORIDA 33144 | | | |
| | | City/ State and Zip Cod | e | |
| | ACRUZ.ACCURATE@GM | AIL.COM | | |
| - | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | se cali: | | |
| LUCIA ESTRELLA | | at (³⁰⁵ | 226-8727 | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Maili | ng Address | Street | Address | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations | | Division of Corporations | | |
| | 3ox 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PMP ALL SERVICES AND REPAIRS INC

| TIM TED ODICTIONS THIS TEST TEST TO | <u> </u> |
|---|---|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) |
| P21000033478 | `/ |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | 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.A. | A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 13330 NW 1 CT |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FLORIDA 33168 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 13330 NW 1 CT |
| | MIAMI, FLORIDA 33168 |
| D. If amending the registered agent and/or registered office ade | dress in Fiorida, enter the name of the |
| new registered agent and/or the new registered office addres | |
| Name of New Registered Agent | |
| Clada o | |
| (Pioriaa si | treet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| Non-Posterior I have to Oteratory 16 has the Posterior I have | _ |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | |
| , , ,, | |
| | |
| | |
| Signature of New 1 | Registered Agent, if changing |
| Check if applicable | |

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

Example:

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 | PT | <u>John Doe</u> | |
|-------------------------------|--------------|-----------------|----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Address</u> s |
| 1) Change | VP | RAFAEL YEE | 13330 NW 1 CT |
| X Add | | _ | MIAMI, FLORIDA 33168 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| | (Be specific) |
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| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | lange, reclassification, or cancellation of issued thares. ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | lange, reclassification, or cancellation of itsued theres. ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nange, reclassification, or cancellation of itsued thares, adment if not contained in the amendment itself: |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment itself: |
| (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued thares, adment if not contained in the amendment itself: |

| | 12/09/2021 | | |
|--|---------------------------------------|--|-----------------------------------|
| The date of each amendment(s) a | ıdoption: | · · · · - | , if other than the |
| date this document was signed. | | | |
| | 09/2021 | | |
| Effective date <u>if applicable</u> : | (no more than | 90 days after amendment file date) | |
| Miner Idalo Jos Income dia shipi | | | P. S. a. 1819 and Shared Coats. |
| document's effective date on the D | | licable statutory filing requirements, the | 12 date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were ad action was not required. | opted by the incorporators, o | r board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | • | he number of votes cast for the amends | nent(s) |
| | | nrough voting groups. The following state of the separately on the amendment(s): | |
| "The number of votes cast | t for the amendment(s) was/w | vere sufficient for approval | |
| ъу | (voting group) | ** | |
| | (sound Riomb) | | |
| 12/09/2021 | 1 | | |
| Dated | 1 | | |
| | | | |
| Signature | | | |
| (By a d | | ficer – if directors or officers have not be the hands of a receiver, trustee, or other y) | |
| | YOANILIU LOPEZ RODR | LIGUEZ | |
| | (Typed or printed) (Title of person s | d name of person eigning) | |
| | • | V | |