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COVER LETTER

Division of Corporations NAME OF CORPORATION: SUPERIOR RESTORATION Services INC DOCUMENT NUMBER: P 2100 006 705 8 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Milt Tronks / Jasin Cryan Superior Rostorchion Services INC
Firm/Company 1300 S. Semala Block
Address City/ State and Zin Code E-mail address: (to be used for future annual report notification) Name of Contact Person

Superior restoration formation concerning this matter, please call:

at (407), 7-336315

Area Code & Daytime Telephone Number. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

	oration Secures INC
·	Corporation as currently filed with the Florida Dept. of State)
f 21000	0067058
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name	e of the corporation:
	Thenew
	e word "corporation," "company," or "incorporated" or the abbreviation "Corp.," p," "Inc," or "Co". A professional corporation name must contain the word the abbreviation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STR.	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the new registered agent and/or the new registered agent age	or registered office address in Florida, enter the name of the egistered office address:
Name of New Registered Agent	1300 S Servera Blod 10 = 11
_	1300 S Seniora Blod to 2
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
\times \sim	nging Registered Agent: Indicate a dispersion of the position. Indicate a second sec
Check if applicable The amendment(s) is/are being filed pursu	uant 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	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove 2) Change Add	Pres	Matthe Thomas	1300 S Seniori Bluc Orbido FL 32807
Remove 3) Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Attach additional sh	ling additional Art	(Be specific)	ige(s) here.			
mach didinional 3/1	tem, y necessary.	(De specific)				
						
						
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an amendment pi provisions for imp	dementing the am	nange, recrassin	cation, or cane contained in the	enation of issu e amendment is	<u>eo snares.</u> tself:	
(if not applicab	ole, indicate N/A)					
					· · · · · · · · · · · · · · · · · · ·	
· -						

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable://	10/21	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block doe document's effective date on the Department		quirements, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by taction was not required.	he incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f		for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The ing group entitled to vote separately on the inguity of the control	· -
"The number of votes cast for the ar	mendment(s) was/were sufficient for approv	al
by		
	voting group)	,
Dated/_Signature	21	1 John Start
selected, by an i	resident or other officer – if directors or offi ncorporator – if in the hands of a received to ary by that fiduciary)	
Mithhan	Tromas /x	- Jasen Gran
	(Typed or printed name of person signing	
	aer / ou	ines
	(Title of person signing)	