P21000099885

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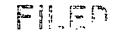
$\underline{\text{COVER LETTER}}$

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ONE STEP CONT	RACTORS SERVICES CO	ORP			
	IBER: P21000099885					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	CARLOS PEREZ					
		Name of Contact Person	n			
	C PEREZ PROFESSIONAL	SERVICES, INC				
		Firm/ Company				
	4343 W WATERS AVE					
		Address				
	TAMPA, FL 33614					
		City/ State and Zip Code				
	CPEREZPROSVCSINC@G	MAIL.COM				
	•	sed for future annual report	notification)			
for further informat	ion concerning this matter, plea		249-2300 			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	nendment Section		Iment Section			
	vision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee				
	0, B0x 6527 dlahassee, FL 32344	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 DEC 13 AH 8: 32

ONE STEP CONTRACTORS SERVICES CORP

P21000099885	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>:</u>
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 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	4-9-3-4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a	ddraw in Florida, outor the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	
Signature of No.	w Registered Agent, if changing
agmanie of Nev	· regime realists in the marging

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 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>b.L.</u>	<u> John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>SV</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	DARISABEL MORALES SANCHEZ	
Add				
X Remove 2) X Change	VP	_	THOMAS A RAMOS	11000 62ND AVE N. SEMINOLE, FL 33772
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

attach additional sheets, if necessary),	cles, enter change(s) here: (Be specific)
	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment 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, and ment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(110 more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not 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 shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame e sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
. =	(voting group)	
sele	a director, president or other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or opinted fiduciary by that fiduciary)	
	ANA T PEREZ CENTENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· - · · · · · · · · · · · · · · · · · ·