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(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COIT Cleaning ar	d Restoration of Northeast	Florida			
DOCUMENT NUM	BER: P22000038357					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	Benjamin Bauzon					
		Name of Contact Person	<u> </u>			
	COIT Cleaning and Restoration of Northeast Florida					
	Firm/ Company					
	5750 118th Street					
	Address					
	Jacksonville, FL. 32244					
City/ State and Zip Code						
	Ben.bauzon@jacksonville.co	it.com				
E-mail address: (to be used for future annual report notification)						
For further informatio	n concerning this matter, pleas	se call:				
Benjamin Bauzon		at (	219-4331			
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			

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

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Florida Dept. of Sta	ite)
222000038357		<u>sc</u> )
(Document Numl	ber of Corporation (if known)	<del></del>
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the	e following amendar
. If amending name, enter the new name of the corporation	n:	
&B, Jax., Corp.	_	
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "F	A Drofercional componential access	The new bbreviation "Corp., ist contain the work
Enter new principal office address, if applicable:	Same business address as above	<b>202</b>
Principal office address MUST BE A STREET ADDRESS		2.4 &
		5 7 <b>2</b> E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
MAT BE ATOST OFFICE BOX	<del></del>	- <del>5</del>
		<del></del>
If amending the registered agent and/or registered office a	address in Florida, enter the name of the	2
new registered agent and/or the new registered office add	ress:	•
Name of New Registered Agent		
<u> </u>		<del></del>
(Florida	a street address)	
(Florida New Registered Office Address:	a street address), Florida	(Zip Code)

Signature of New Registered Agent, if changing

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)

Remove

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 Doe X Remove <u>V</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3) \_\_\_ Change \_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<del></del>	
fon amondment musides for an all	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the not comunica in the amendment usen.
<del></del>	
<del>-</del>	

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The date of each amendment(s) a date this document was signed.	doption:, if other than the
8/10	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
2	for the amendment(s) was/were sufficient for approval
by	(voting group)
8/19/24 Dated_	
Signature	
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffusion diffusion by that fiduciary)
1	Benjamin Bauzon
-	(Typed or printed name of person signing)
1	President
-	(Title of person signing)