# P220000 63765



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Jordandsmithalandar (L.)

2024 AUS -8 PH 6: 32

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	SAVIOR 0	SAVIOR CONSTRUCTION INC				
DOCUMENT NUMBER:	P22000063765					
The enclosed Articles of Amendme	nt and fee are su	abmitted for filing.				
Please return all correspondence co	ncerning this ma	itter to the following:				
		ANGEL BRINEZ MORA	1			
	Name of Contact Person					
		Firm/ Company				
		216 WALDO AVE UNI	Т 3			
		Address				
	LEHIGH ACRES FL 33971					
		City/ State and Zip Cod	e			
For further information concerning RAUL OSORIO	this matter, plea		810-3097			
Name of Contact Person		at (239 ) 810-3097  Area Code & Daytime Telephone Number				
Enclosed is a check for the following	ig amount made	payable to the Florida Dep	artment of State;			
	5 Filing Fee & icate 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 Amendment Section			Address Iment Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

#### SAVIOR CONSTRUCTION INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P22000063765 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 216 WALDO AVE UNIT 3 B. Enter new principal office address, if applicable: : (Principal office address MUST BE A STREET ADDRESS) LEHIGH ACRES FL 33971 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_\_\_\_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### 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)

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	John Doe				
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	VP	JESUS R OSORIO	216 WALDO AVE UNIT 3			
XX Add			LEHIGH ACRES FL 33971			
Remove						
2) Change		_				
Add			<del></del>			
Remove 3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)
7,4,5	
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

•

The date of each amendment(s) adopted date this document was signed.	AUGUST 1 2024 on:	, if other than the
Effective date if applicable:	AUGUST 1 2024	- Larray
	(no more than 90 days after amendment file	aare)
<b>Note:</b> If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for that for approval.	ne amendment(s)
	by the shareholders through voting groups. The folvoting group entitled to vote separately on the amen	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected, by a	resident or other officer circlifectors or officers on incorporator – if in the hands of a receiver, trusted uciary by that fiduciary)	have not been e, or other court
	ANDREA OSORIO (Typed or printed name of person signing)	
	President	
	(Title of person signing)	