## P23000004709

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 $N(4)^{2} = 1.2023$ 

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: A & B SVCS AND	O REPAIRS OF SW FL, IN	VC.
	MBER: P23000004709	,	
	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	Adriana M Aristizabal		
		Name of Contact Person	n
	A & B SVCS AND REPAIR	S OF SW FL, INC.	
		Firm/ Company	
	1456 Tanglewood Pkwy	· ······ · · · · · · · · · · · · · · ·	
		Address	
	Fort Myers, FL 33919		
	<del>-</del>	City/ State and Zip Cod	e e
	madrizabal1@hotmail.com		
		sed for future annual report	notification)
For further informat Adriana M Aristizal	ion concerning this matter, plead	se call: 860	8362942
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	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)
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	01		·/
A & B SVCS AND REPAIRS OF SW FL, INC.		2023 FEB	13 5.
(Name of Corporation	as currently filed with the	Florida Dept. of	State) H 1,:5
23000004709			
(Documen	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida St es Articles of Incorporation:	tatutes, this Florida Profit C	<i>orporation</i> adopts	the following amendment(
If amending name, enter the new name of the corp	ooration:		
AB GENERAL SVCS INC			The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevia	or "Co". A professional c		
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRE	<u>N/A</u> <u>ESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name o	f the
Name of New Registered Agent N/A			
<del></del>	(Florida street address)		
		. Flo	-i.do
New Registered Office Address:	(Citv)	· · · · ·	(Ziv 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)

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 Do</u>	<u>ec</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P	_	Adriana M Aristizabal	1456 Tanglewood Pkwy
X Add				Fort Myers, FL 33919
Remove				
2) Change		_		
Add				
Remove 3 ) Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additiona (Attach additional sheets, if necessary)	rry). (Be specific)			
N/A				
· .	·	•	<del></del> -	
		<u> </u>		
-		-		
-				
<u></u>				
· ·		1. <del>2</del> v —		
· _	4	<del></del>		<del></del>
•••		<del></del>		
·				
	- 11 <del>-</del>			
. If an amendment provides for an	exchange, reclassif	cation, or cancella	tion of issued shares	<b>.</b>
provisions for implementing the (if not applicable, indicate N/.	amendment if not o	ontained in the an	nendment itself:	
√A.	• ,			
	<u>.</u>			<del></del>
		<del>-</del>		

	02/08/2023	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
~	8/2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file day	te)
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement artment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the a ficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
02/08/2023 Dated		
Direct		
Signature	duxus Cartificol	
Signature	ector, president or other officer - if directors or officers have	e not been
	by an incorporator – if in the hands of a receiver, trustee, or	
	d fiduciary by that fiduciary)	omer court
•	Adriana M Aristizabal	
-	(Typed or printed name of person signing)	
i	Registered Agent	
-	(Title of person signing)	