Division of Corporations
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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057

Fax Number : (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

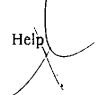
Email Address: info@tapsolutson.net

COR AMND/RESTATE/CORRECT OR O/D RESIGN QUINTERO 2 MAINTENANCE AND SERVICES CORP

| Certificate of Status | 1 |
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Corporate Filing Menu



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Articles of Amendment Articles of Incorporation ٥ſ

| QUINTERO 2 MAINTENANCE AND SERVICES CORP | | | |
|---|---------------------------------------|---|-------------------|
| (Name of Corporation as curren | tly tiled with the Florida De | ept. of State) | |
| P23000014434 | | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation | adopts the following amer | ndment(s |
| A. If amending name, enter the new name of the corporation: | | | _ • |
| | | The | |
| 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. | A professional corporation | d" or the abbreviation "Co name must consoln the | <u>į</u> F@B 27 |
| B. Enter new principal office address, it applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | VSSC SSC SEC | A. |
| | | | 9th :8 |
| 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 adnew registered agent and/or the new registered office address | dress in Florida, enter the r ss: | name of the | · ···· |
| Name of New Registered Agent | | | |
| (Florida s | irees address) | | |
| New Registered Office Address: | | Florida | |
| NEW REGISTERS Office Address. | (City) | (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian | it: · with and accept the obligati | ions of the position. | |
| | | | |
| Signature of New | Registered Agent, If changin | 8 | |
| 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 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 | PI | John Doe | |
|-------------------------------|-------------|-------------------------|--|
| X Remove | <u>v</u> | Mike Jones | 202 |
| X Add | <u>sv</u> | Sally Smith | SHALLAH TALLAH |
| Type of Action (Check One) | Title | <u>Namc</u> | Address Address 3272 NW 72ND AVE STORM |
| 1) Change | VP | CARLOS ALBERTO QUINTERO | |
| Add | | | MIAMI, FL 33122 |
| XX Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remave | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| Attach additional sheets, If neces | sary). (Be specific) | | | | |
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| f an amendment provides for a | n exchange, reclassification. | or cancellation of issued | d sharos, | | |
| provisions for implementing th | ne amendment if not containe | d in the amendment its | elf: | | |
| (if not applicable, indicate N | WA) | | | | |
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| The date of each amendment(s) adoption:, if other than the date this document was signed. |
|--|
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval |
| "The number of votes east for the amendment(s) was/were sufficient for approval by |
| by |
| |
| Dated |
| Signature (By a director, president or other officer – if directors or officers have not been |
| (By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| JAMES QUINTERO |
| (Typed or printed name of person signing) |
| PRESIDENT (Title of person signing) |