P 230000 23350

(Requestor's Name)	
(Address)	<u>-</u>
(Address)	
(City/State/Zip/Phone	()
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION: 5 Brothers Pool Pla	stering Restoration & Pave	ers Inc		
	IBER: P23000023350				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Carlos Gallinal				
		Name of Contact Persor	1		
	Gallinal Consulting Inc				
		Firm/ Company			
	19 Chestnut Ave SE #32				
	~·····	Address			
	Fort Walton Beach, FL 32548	⊰			
		City/ State and Zip Code		Ø	<u></u>
	gallinalconsulting@gmail.com	TI.			2823 181 10
	E-mail address: (to be us	sed for future annual report	notification)	<u>: : : : : : : : : : : : : : : : : : </u>	
For further informat	ion concerning this matter, pleas	se call:		()	0 801 17 0
Carlos Gallinal Reg	istered Agent	at 6850	374-4818* de & Daytime Telephone Number	E STATE	-
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	-: H	•
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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address	Street	Address Iment Section		
	ivision of Corporations		on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

9993 HAY 18 AN 7: 5

Articles of Amendment to Articles of Incorporation of

5 Brothers Pool Plastering Restoration & I	Pavers Inc			
(Name of	Corporation as currentl	y filed with the Florida Dept. of State)		,
P 23000023350				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	۲.
	orp," "Inc." or "Co". 2	company," or "incorporated" or the abbreviat A professional corporation name must conta ,	ion "Corp.,"	••
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable:	N/A		
(Frincipal office address <u>21031 D. A.31</u>	KEET ADDKESS (

C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A		
			S	20
			A CR	2023 HAY 18
			- 	ΑY
D. If amending the registered agent and			表表	8
	new registered agent and/or the new registered office address: N/A		ăΩ	AH 7: 57
Name of New Registered Agent			- E 2	7:
			_FF	57
	(Florida SI)	veet address)	1 17	
New Registered Office Address:		(City) Florida (Zq	Code)	
		(A)	Civily	
New Registered Agent's Signature, if ch				
I hereby accept the appointment as registe	ered agent. I am familiar	with and accept the obligations of the position	,	
	Signature of New A	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)

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 Doe</u>	
X Remove	$\underline{\mathbf{V}}$	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	Juan Hernandez	148 B Nimrod Circle
Add			Valparaiso, FL 32580
X Remove			111111111111111111111111111111111111111
2) Change			
Add			SECNETALL
Remove 3) Change			
Add			<u>, -, -, -, -, -, -, -, -, -, -, -, -, -,</u>
Remove			
4) Change			TIME TO SEE
Add			
Remove			
5) Change		***	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

	5/5/2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	2023	
Effective date <u>if applicable</u> :	2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action ar	nd shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
Signature		
selecti	firector, president or other officer if directors or officers have not been ed, by an incorporator if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	2023 HAY SECKET TALLA
	Miguel Marcelo Martinez	S HAY I
	(Typed or printed name of person signing)	- 122 - 2 - 1
	President	
	Juni	
	(Title of person-signing)	F 5
	/	TE 7