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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: B & S HILLSBOR	OUGH HANDYMEN INC	·.			
	BER: P23000030555					
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	ELIECER BATISTA					
		Name of Contact Person	n	··		
		Firm/ Company				
	2204 RIDGEMORE DR					
Address						
VALRICO, FL 33594						
		City/ State and Zip Cod	c		•	
	ELIECERBATISTA92@YAHOO.COM				ب در دان	
	E-mail address: (to be us	sed for future annual report	notification)	388 ⁴	Ä	
For further information	on concerning this matter, plea-	se call:		STATI	AH 6: 58	,
ELIECER BATISTA		at (813	481-3172	ויין	<u>.</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone	Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

B & S HILLSBOROUGH HANDYMEN INC

B & S HIELSBOROOGH HANDI MEN INC	Charles at the car to a five	-4-1	<u> </u>		
(Name of Corporation as currently	tiled with the Florida Dept. of St	<u>are)</u>			
P23000030555	Corporation (if known)				
· ·	·				
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the	ie follow	ing amo	endmen	t(s) to
A. If amending name, enter the new name of the corporation:					
B & S HILLSBOROUGH ELECTRICAL SERVICES INC			The	new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
· · · ·					
			74. 9		
C. Enter new mailing address, if applicable:		•	. :		
(Mailing address MAY BE A POST OFFICE BOX)			: — :;- —		;
			C)		,
	······································	SSC	3334	<u>;</u>	
		ימ <u>והן</u> נבנהו	<u>=</u>	(
D. If amending the registered agent and/or registered office addre		壶≦	Ω.	_	
new registered agent and/or the new registered office address:		ויט	CO		
Name of New Registered Agent			_		-
			_		
(Florida stre	et address)				
New Registered Office Address:	City) , Flori		p Code)		
(City)	(21)	y Coae)		
New Registered Agent's Signature, if changing Registered Agent:					
Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of th	e position	1.		
Signature of New Re	gistered Agent, if changing				

Check if applicable

 \Box 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>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ELIECER BATISTA	2204 RIDGEMORE DR
Add			VALRICO, FL 33594.
X Remove			4
2) Change	P	KEILA SOLA	2204 RIDGEMORE DR
X Add			VALRICO, FL 33594.
Remove 3 + Change			
Add			<u> </u>
Remove			OF ST
4) Change			: 5
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)			
<u>. </u>			
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	S		
	<u> </u>	<u>-</u>	
	E.T	ėΣ	****
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
(3 4,7			
			
-			

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	03/19/2024			
The date of each amendment(s) adop date this document was signed.	otion:			if other than
Effective date <u>if applicable</u> :				
	(no more than 90 day	s after amendment file date)		
Note: If the date inserted in this block document's effective date on the Depart		statutory filing requirements, t	his date will	not be listed as
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board	of directors without sharehold	er action and	shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		iber of votes cast for the amend	lment(s)	
☐ The amendment(s) was/were approv				
"The number of votes cast for	the amendment(s) was/were suf	ficient for approval		
by				
•	(voting group)		•	
Signature	21/24	if directors or officers have not	<u> </u>	995 8 (1)
selected, b appointed	oy an incorporator – if in the han fiduciary by that fiduciary) Elienov Ba 4	ds of a receiver, trustee, or othe	TAIE	
	(Typed or printed name	of person signing)		
PR	RESIDENT			

(Title of person signing)

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