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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation, Florida Profit Benefit Corporation or Florida Profit Social Purpose Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

★ Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

★ Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

INHS78 (6/14)

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Los Reyes Pressur	e Cleaning Corp		
	IBER: P23000068626			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Geosvany Rodriguez Reyes			
		Name of Contact Perso	n	
		Firm/ Company		
	4910 SW 16TH ST			
		Address		
	FORT LAUDERDALE, FL	33317		
		City/ State and Zip Coo	le -	
œ.	osvanyrodriguezreyes991@gm	ail com	:	
		(to be used for future annual	al report potification)	
	E man dedices.	(to be used for father mind	i , (
For further informati	on concerning this matter, plea	se call:		
GeosvanyRodriguezReyes		at (715-8763	
Name of Contact Person Area Code & Daytime Telepho		ode & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:	
□ \$35 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)	
Mailing Ad		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327			on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Los Reyes Pressure Cleaning Corp		-
(Name of Corporation as currently filed with	the Florida Dept. of State)	
P23000068626		-
(Document Number of Corporat	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes Incorporation:	es, this corporation adopts the following amendment(s	s) to its Articles of
A. If amending name, enter the new name of the corporation	ion:	
Los Reyes Remodeling Corp		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain	on "Corp.," n the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		- 1
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 new registered agent and/or the new registered office ad	ce address in Florida, enter the name of the decided decided the decided decided decided the decided decided the decided decid	20
Name of New Registered Agent		
(Flor	orida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	miliar with and accept the obligations of the position.	
Signature of New Regist	tered 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>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jos	nes		
X Add	<u>\$V</u>	Sally_Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
l) Change		_			_
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add				· · · · · · · · · · · · · · · · · · ·	_ _
Remove					
4) Change		<u></u>		1	
Add				O	
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Page 2 of 6

	on is organized is to create a general public benefit and:
-	-
	-
	2
The general and/or specific public benefit(s) follows (optional):) to be created by the corporation (in addition to its general purpose)
tonows (optional).	
The additional qualifications of Benefit Dire	ector(s), if any, are as follows:
The additional qualifications of Benefit Disc	
	-
The name(s) and address(es) of the Benefit	Director(s) and/or Benefit Officer(s), if any:
	Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit	Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title: Address:	Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Name and Title: Address: (I	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: nclude attachment if necessary)
The name(s) and address(es) of the Benefit Name and Title: Address: (I	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: nclude attachment if necessary) quired minimum status vote, terminates its status as a Florida Profit I
The name(s) and address(es) of the Benefit Name and Title: Address: (I	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: nclude attachment if necessary) quired minimum status vote, terminates its status as a Florida Profit I
The name(s) and address(es) of the Benefit Name and Title: Address: (I	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: nclude attachment if necessary) quired minimum status vote, terminates its status as a Florida Profit E
The name(s) and address(es) of the Benefit Name and Title: Address: (I	Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:

General Remodeling: Homes, Commercial Premises.			
s:	 		
The public benefit for which the corporation is organized is	:		
	·		
			
The specific public benefit(s) to be created by the corporati	on (in addition to the above) is/are	e as follows	(optional):
			
The additional qualifications of Benefit Director(s), if any,	are as follows:		
•			
•			
<u> </u>		<u></u> .	· ; ;
			=======================================
The name(s) and address(es) of the Benefit Director(s) and	for Benefit Officer(s), if any:		20
			20
The name(s) and address(es) of the Benefit Director(s) and	for Benefit Officer(s), if any:		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title:	or Benefit Officer(s), if any: Name and Title:		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title:	or Benefit Officer(s), if any: Name and Title:		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title:Address:	for Benefit Officer(s), if any: Name and Title: Address:		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title:	for Benefit Officer(s), if any: Name and Title: Address:		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title: Address: (Include attachme	or Benefit Officer(s), if any: Name and Title: Address: ent if necessary)		20
The name(s) and address(es) of the Benefit Director(s) and Name and Title:Address:	or Benefit Officer(s), if any: Name and Title: Address: ent if necessary) status vote, terminates its status a	ss a Florida l	Profit Soci
The name(s) and address(es) of the Benefit Director(s) and Name and Title: Address: (Include attachment) The corporation, in accordance with the required minimum	or Benefit Officer(s), if any: Name and Title: Address: ent if necessary) status vote, terminates its status a	ss a Florida l	Profit Soci
The name(s) and address(es) of the Benefit Director(s) and Name and Title: Address: (Include attachment of the Corporation, in accordance with the required minimum	or Benefit Officer(s), if any: Name and Title: Address: ent if necessary) status vote, terminates its status a	ss a Florida l	Profit Soci

G .	If amending or adding additional Articl	les, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)
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	· · · · · · · · · · · · · · · · · · ·	
		
Н.	If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
	provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
	(g	
-		

The date of each amendment(s) a	doption:	_, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	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 cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(13	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
April 24,		
Dated	· · · · · · · · · · · · · · · · · · ·	
6		: 20
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	Geosvany Rodriguez Reyes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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