

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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03/18/24--01007--024 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

v i v v

| NAME OF CORPO | RATION: BALDOQUIN GE | NERAL SERVICES COR | P |
|--------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | Grabiel Baldoquin | | |
| | | Name of Contact Perso | n |
| | | Firm/ Company | |
| | 240 peerless st | | |
| | | Address | |
| | Lehigh Acres, FL 33974 | | |
| | | City/ State and Zip Cod | le |
| | gbaldoquin()4@gmail.com | | |
| | E-mail address: (to be us | sed for future annual repor | t notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| Grabiel Baldoquin | | 239 at (| 771-0441 ode & Daytime Telephone Number |
| Name of Contact Person | | Area Co | ode & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Dep | partment 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 | | Amen Divisi | Address dment Section on of Corporations Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BALDOOUIN GENERAL SERVICES CORP

| DALDOÇON GENERAL SERVICES CORF | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------|
| (Name of Corporati | ion as currently filed with the Fl | orida Dept. of State) |
| P24000004125 | | |
| (Docum | ment Number of Corporation (if ki | nown) |
| Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation: | a Statutes, this Florida Profit Corp | poration adopts the following amendment(s) |
| A. If amending name, enter the new name of the co | orporation: | |
| name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre | " or "Co". A professional cor, | The _ new orporated" or the abbreviation "Corp.," poration name must contain the word |
| B. Enter new principal office address, if applicable | e: | |
| (Principal office address <u>MUST BE A STREET ADI</u> | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | ter the name of the |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| the Megistered Office Madress. | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the | obligations of the position. |
| | | |
| | | |
| | ature of New Registered Agent, if | changing |
| мун | шиге од госы педычегой пуст, ц | Critorgray |

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 | PT | John Doe | |
|-------------------------------|-------------|---------------------|------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Р | GABRIEL J BALDOQUIN | 240 PEERLESS ST |
| Add | | | LEHIGH ACRES, FL 33974 |
| Remove 2) Change | P | GRABIEL J BALDOQUIN | 240 PEERLESS ST |
| X Add | | | LEHIGH ACRES, FL 33974 |
| Remove 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and and and an and an and an and an analysis and an and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis analysis analysi |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) ad date this document was signed. | option:, if other than the |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bloodeument's effective date on the Dep | bek does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| ■ The amendment(s) was/were adopted action was not required. | ted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | ited by the shareholders. The number of votes east for the amendment(s) licient for approval. |
| | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast f | or the amendment(s) was/were sufficient for approval |
| by | ," |
| | (voting group) |
| Dated <u>03 - 9</u> | 3 - 7024 |
| Signatuke Ch | |
| selected | by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary) |
| _ | Grabiel J Baldoguin |
| | (Typed or printed name of person signing) President. |
| | Precident. |

(Title of person signing)