P240000 10671

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EB REMODELING	G SERVICES CORP			
DOCUMENT NUMI	BER: P24000010671				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	YURY CAMPINO				
		Name of Contact Person	<u> </u>		
	EB REMODELING SERVICES CORP				
		Firm/ Company			
	3837 PARK LANE VILLAS RD				
		Address			
	WEST PALM BEACH, FL 33403				
		City/ State and Zip Code	2		
	info@nmaccountingservices.com				
	-	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas		986-4623		
Name of Contact Person		at (Area Co) 986-4623 de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EB REMODELING SERVICES CORP

(Name of Corporation	as currently filed with the Florida Dept. of State)
P24000010671	•
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
· ·	2
	_=
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Providence I Office at I I have	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: Implementation in the second second in the position in the second in the
	, , ,
Signatu	re of New Registered Agent, if changing
Chack if annicable	

 \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)

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Ь	JUAN BEDOYA	3837 PARK LANE VILLAS RD
Add			WEST PALM BEACH, FL 33403
Remove 2) Change	P	EUGENIO BEDOYA	3837 PARK LANE VILLAS RD
X Add			WEST PALM BEACH FL 33403
Remove 3) Change	 		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			:
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
		-
		=
		ر
If an amendment provides for an exchange the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nonen in its contained in the amendment lister.	
		•
		
		· -
751		
	4. · · · · · · · · · · · · · · · · · · ·	

•

•	02/07/2024	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
02/07/	2024	
Effective date <u>if applicable</u> :	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amenda icient for approval.	ient(s)
	oved by the shareholders through voting groups. The following stanch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by THE SHAREHOLDERS		
	(voting group)	
02/27/2024		
Dated	<u> </u>	
	WING CAMPING .	
Signature	ector, president or other officer – if directors or officers have not b	
	by an incorporator – if in the hands of a receiver, trustee, or other	
	I fiduciary by that fiduciary)	,
V	URY CAMPINO	1
T	ON CAMILINO	· .
	(Typed or printed name of person signing)	*,
V	TCE PRESIDENT	· ·
•		15.5

(Title of person signing)