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(Requesto	or's Name)	
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## **COVER LETTER**

TO: Amendment Section  Division of Corporations
NAME OF CORPORATION: MESTY ES STAFFING MC
DOCUMENT NUMBER: POOCODO 8-2215
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  MOMS  Name of Contact Person
BOIEHUBBOODKS #607
Deortield Beach 12 33432
City/ State and Zip Code  AUYESKIS 13 @ Aod Co M  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Letting Reuss Micros at (561), 766.0378
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

,	10
Artic	cles of Incorporation
Hestyles	Skemne Inc
(Name of Corporation as	s currently/filed with the Florida Dept. of State)
PODD (Decument)	DOD 8 32 L5 Number of Corporation (if known)
(Document)	Humber of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	MID of Travel, Inc The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	1301 E Hellsboru Blod#60
	Der Reld Beach, FL 33441
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	TALLA:
	> F
D. <u>If amending the registered agent and/or registered onew registered agent and/or the new registered office</u>	office address in Florida, enter the name of the ce address:
Name of New Registered Agent	
ſ	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	i familiar with and accept the obligations of the position.
Signature	e of New Registered 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)

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.

Mike Jones, V as Remove Example:	, and Sa	lly Smith, S	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change	·			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				<u></u>
Remove				
SI Changa				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
<u> </u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary  AMAC ARCS MOMENTAL MO	
(Typed or printed name of person signing)	
Pres	
(Title of person signing)	