P13000094879

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C KIUSEA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MR.APPLIANCE	REPAIR SERVICES, COR	P
	ER:		
The enclosed <i>Articles o</i>	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	MANUEL RIOS BURGOS		
-		Name of Contact Persor	1
	MR. APPLIANCE REPAIR :	SERVICES, CORP.	
-		Firm/ Company	
	\$\$01 NW 114 STREET		
		Address	
	HILAEAH GARDENS, FL 3	3018	
		City/ State and Zip Code	2
MMU	NOZ@MUNOZACCOUNT	ING.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARLENE MUNOZ		at (<u>305</u>	910-9655
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MR.APPLIACI	E REPAIR	SERVICES.	CORP.
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WKAPPLIACE REPAIR SERVICES, C	OKI".		
(<u>Name c</u>	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u>)
P13000094879			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s
A. If amending name, enter the new na	ime of the corporation:		
PIRI'S REPAIR SERVICES, CORP.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp," "Inc," or	"Co". A professional corporation nar	or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent ar	<u>OFFICE BOX</u>)	N/A dress in Florida, enter the name of the	SECRETARISSES
new registered agent and/or the ne	w registered office addre	ess:	S S C
Name of New Registered Agent	N/A	r	7.0
Name of the magnification	N/A		
	(Florida .	street address)	
1000	N/A	, Florida	
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	tered agent. I am familia $\mathcal{N} egin{array}{c} \mathcal{N} \end{array}$	nt: or with and accept the obligations of the with an accept the obligations of the with a constant of the obligations of t	position.
	inglature of the		

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 officer 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:	e, and Sa	lly Smith, SV as an Add.	
X Change	LiL	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	-	N/A	N/A
Add			
Remove			
2) Change		N/A	N/A
Add			
Remove			9.44974.4984.4
3) Change		N/A	N/A
Add			
Remove			
4) Change		N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

	ticles, enter change(s) here: (Be specific)	
//A		
	-	
If an amandment pravides for an eye	change, reclassification, or cancellation of issued shares,	
provisions for implementing the amo	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
1		
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The date of each amendment(s) adoption:date this document was signed.	, if other than t
05/28/2019	
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 app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	rough voting groups. The following statement o vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
	<u></u> ."
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
05/28/2019 Dated	<u>. </u>
Signature X	
(By a director, president or other of	ficer – if directors or officers have not been he hands of a receiver, trustee, or other court y)
MANUEL RIOS BURGOS	
(Typed or printed	d name of person signing)
PRESIDENT	
(Title	c of person signing)