P16000021091

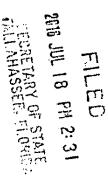
(Re	questor's Name)	
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No 80/2

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MULTISERVICIO	S ALE CORP		
DOCUMENT NUMBER: P16000021091			
The enclosed Articles of Amendment and fee are sub	omitted for filir	ıg.	
Please return all correspondence concerning this mat	ter to the follow	wing:	
JOSE ALFONZO			
	Name of Co	ntact Person	
JRAD 1968 GROUP LLC			
	Firm/ C	ompany	
8180 NW 36ST SUITE 321			
	Ado	iress	
MIAMI,FL,33166			
	City/ State a	nd Zip Code	
JALFONZO@ALLBUSINESSCO	NNECTIONS.	СОМ	
E-mail address: (to be us			otification)
For further information concerning this matter, please	e call:		
ALEJANDRO BOADA	at (954	496-4106
Name of Contact Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the F	Florida Depar	tment of State:
\$35 Filing Fee \$\square\$	\$43.75 Fil Certified C (Additional enclosed)	Сору	□\$52.50 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		Amendr Division Clifton	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

MULTISERVICIOS ALE CORP		
· (Name of Corporation as curren	tly filed with the Florida Dept.	of State)
P16000021091		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable:	8899 NW 102 CT	72
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL,FL,33178	35 E T
		TAR TAR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8899 NW 102 CT	PH 2:
	DORAL,FL,33178	PRIA 3
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		e of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		of the position.
Signature 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	NOVIELLI, ROSA	9737 NW 41 ST # 687
Add			MIAMI,FL,33178
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE EIN NUMBER 81-1695023
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
·

07-11-2016	
The date of each amendment(s) adoption:, if of date this document was signed.	other than the
07-11-2016 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 will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
07/12/2016	
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)	
**	
BOADA, ALEJANDRO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	