1721000030254

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANDYLIA SERV	TCES INC		
	BER: P21000030254	16	·• · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following	g:	
	IRKA DUCASSE BLANES			
		Name of Contac	t Person	
	DUCASSE TAX SERVICE	CORP		
		Firm/ Comp	oany	
	8420 W FLAGLER STREET	`STE 119A	•	
		Address		
	MIAMI FL 33144			
		City/ State and 2	Zip Code	
	DUCASSETAXSERVICE@	GMAIL.COM		
	E-mail address: (to be us		ıl report	notification)
For further informatio	n concerning this matter, pleas ANES			287-6602
Name	at (\rea Coc	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Flori	da Depa	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional cop 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		Division The Ce 2415 N	Address ment Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of

ΛNT	W	ĪΔ	CER	VICE	25.1	NC

ANDYLIA SERVICES INC	
(Name of Corpo	oration as currently filed with the Florida Dept. of State)
21000030254	
(D	ocument Number of Corporation (if known)
cursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of t	he corporation:
A & TC SERVICES, INC	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word
8. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)
If amending the registered agent and/or registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
	F s. 9.
	(Florida street address)
New Registered Office Address:	ार्ग . Florida
	(City) (Zip Code)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	<u>t Registered Agent:</u> ent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Ayent, if changing

Check if applicable

☐ 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			7.
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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<u>.</u>	 	 			
					
				.,	
				·	
					
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f an amendment provi	action the serve	idment if not conta	ined in the amend	ment itself:	
f an amendment provi	enting the amen				
f an amendment provi provisions for implem (if not applicable, i	indicate N/A)				
provisions for implem	indicate N/A)				
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	12/20/2021
The date of each amendment(s) a date this document was signed.	doption:, if other than t
•	20/2021
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as tepartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval
by	••
<u>.</u>	(voting group)
Dated	Tala Barto.
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	TALIA RODRIGUEZ BORROTO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)