

### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLORIDA MULTISERVICES, INC.

Account Number : 120150000061 Phone : (786) 290-3319

Fax Number

; (305)645-2035

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10/28/2019 H190003184813

#### COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_FLORIDA MULTISERVICES, INC. P02000032317 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ZOILA R. ROSALES Name of Contact Person FLORIDA MULTISERVICES, INC. Firm/Company 2208 SW 8th STREET Address MIAMI, FL 33135 City/ State and Zip Code fimultiservices @yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ZOILA R. ROSALES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Bullding Tallahassec, FL 32314 2661 Executive Center Circle

Tallahassee, Fl. 32301

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#### Articles of Amendment to Articles of Incorporation

2019 00T 29 AN IO: 57

FLORIDA MULTISERVICES, INC.			2
(Name of Corp	oration as currentl	ly filed with the Florida Dept. of State)	
P02000032317			
(0)	Rooument Number o	f Corporation (If known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of t	he corporation:		
N/A			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association."	Corp," "Inc." or "	"Co". A professional corporation name nu	abbreviation
B. Enter new principal office address, if appli-	cable:	N/A	
(Principal office address MUST BE A STREET			
		· · · · · · · · · · · · · · · · · ·	
	•		
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE	<u>E BOX</u> )	N/A	
D. If amending the registered agent and/or repeat registered agent and/or the new regist	entered office adde	ress in Florida, enter the name of the	
N/A	,	_	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	_
<del></del>	/Tilopida eta	reet address)	
	11.102.100.317	eet taan 653)	
New Registered Office Address:		(City), Florida, Z	(ip Code)
		()/	<b>P</b> Coaty
New Registered Agent's Signature, if changing	Registered Azent:	<u>i</u>	
hereby accept the appointment as registered age	ını. Lam familiar x	with and accept the obligations of the position	4.
·	Signature of New R	degistered Agent, if changing	-

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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 tha 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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Iones	
<u>X</u> Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	Address
1) Change	v	ITCHEL H. MANSOURI, C.P.A.	2208 SW 8th STREET
X Add	<u>-</u>		MIAMI, PL 33135
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
			<del></del>
Remove			
δ) Change			
Add			
Remove			

Page 2 of 4 H 19 000 31 84 813

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(Attach	ding or adding additional Audditional Audditional sheets, if necessary)	. (Be specific)	(2) 1161 €.		•	
N/A						
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			·	<del></del>	<del></del>	
. <u>If an am</u>	endment provides for an exc	change, rectassificat	ion, or cancellati	on of issued shares	Èa	
provisi (17	ons for implementing the am not applicable, indicate N/A)	endment if not cont	zined in the ame	adment itsalf:		
N/A						
				<del></del>		
			<del></del>		· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) a date this document was signed.	doption:	if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were approvided for must be superately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	•
by		
	(voling group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
10/26/2018 Dated		
Signature	LeilaMAM	
(By <del>ਡੇ ਰੀ</del> ਂ	rector, 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	
appoint	ed fiduciary by that fiduciary)	
	ZOILA R ROSALES	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title at nerson signing)	·

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