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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ProServi, Inc. DOCUMENT NUMBER: P02000077929 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miguel Enriquez Name of Contact Person ProServi, inc. Firm/ Company 2995 NW 95th Street Address Miami, FL 33147 City/ State and Zip Code menriquez@proservi.biz E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Enriquez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

> 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 to Articles of Incorporation of

ProServi, Inc.				
(<u>Name</u>	of Corporation as curre	ntly filed with the Flo	rida Dept. of State)	
P02000077929				
	(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the follow	ving amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			•
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professione		abbreviation
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A S				
			5	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	177	2001
		•——		<u> </u>
				123
			ſ *··	
D. If amending the registered agent ar new registered agent and/or the new			er the name of the	4-
	N/A			
Name of New Registered Agent	-	 		_
			· ·-	
	·	street address)		
New Registered Office Address:	N/A 	<u>-</u>	, Florida	
		(City)	(City) (Z	
Now Designational Agent's Signature if a	honging Degistered Age	m#.		
New Registered Agent's Signature, if c I hereby accept the appointment as regis			obligations of the positio	n.
	··· •	-		
	6:	P • • • • • • • • • • • • • • • • • • •		_
	Nanature at New	Registered Agent if c	manaina	

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	DP	HERNANDEZ, JOHAMBERT M	18245 NW 68th Ave
Add			# 326
Remove		•	HIALEAH, FL 33015
2) X Change	DV	ENRIQUEZ, ADA B	2995 N.W. 95TH STREET
Add			MMIAMI, FL 33174
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addition (Attach additional sheets, if nece.	ssary). (Be specific)	a) nere:		
/A				
<u> </u>				
		<u>-</u> .		
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	-	-		
If an amendment provides for	an exchange, reclassification	on, or cancellation of is	sued shares.	
provisions for implementing t	he amendment if not conta	ined in the amendment	itself:	
(if not applicable, indicate	N/A)			
/A 				
				
				

•	10/24/2019	
The date of each amendment(s)		, if other than the
date this document was signed.		
	/24/2019	
Effective date <u>if applicable</u> :		.
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendn sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following suon each voting group entitled to vote separately on the amendment(s).	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and share dopted by the incorporators without shareholder action and sharehold	
action was not required.		
Dated Signature		
selec	director, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	MIGUEL A. ENRIQUEZ	
	(Typed or printed name of person signing)	<u> </u>
	DVP '	
	(Title of person signing)	