P06000049313

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SECRETARY OF STATE

713

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LATINO SERVICI	E INC		
DOCUMENT NUMB	BER: 2 06000049313			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	AGUSTIN DANIEL ALVAR	REZ		
		Name of Contact Person	· 	
	LATINO SERVICE INC			
•	Firm/ Company			
	3894 DAVIE BLVD			
•	Address			
	FORT LAUDERDALE FLORIDA			
•	City/ State and Zip Code			
	LATINOSERVICEINC@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ERICK MORALES		954 at (6470340	
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi: P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Co 2415 N	Mddress ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303	

Articles of Amendment Articles of Incorporation

of

	0	f	F-1.
LATINO SERVICE INC			rilen
(Name (of Corporation as curren	tly filed with the Florid	n Dept. of State)
P06000049313			ozy AUG -6 AH 8: 3L
	(Document Number	of Corporation (if knows	A しがだけたっ.
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	TALLAHAS OF STATE uion adopis di State ofine amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corpora	
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX) nd/or registered office add		the name of the
new registered agent and/or the new	w registered office addres	<u> </u>	
Name of New Registered Agent	AGUSTIN DANIEL AL'	VAREZ	
	3464 SW 12 COURT		
	(Florida s	treet address)	
New Registored Office Address:	FORT LAUDERDALE F	LORIDA	. Florida 33312
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist Agust C		with and accept the obli	· · · ·
/	Signature of New	Registered Agent, if char	nging

Check if applicable

☐ The amendment(s) is/are being tiled 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)

Example:

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	V	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	p	Zosimo E.Morales Sanchez	3894 DAVIE BLVD	
Add			Fort lauderdale FL 33312	
2) Change	Р	AGUSTIN DANIEL ALVAREZ	3464 SW 12 CT	
x Add			FORT LAUDERDALE FL 33312	
Remove 3) Change				
Add				
Remove 4) Change				
Add				
Remove				
5) Change Add				
Remove				
6) Change				
Add			 	
Remove				

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
THIS CHANGE WILL BE EFFECTIVE FROM JULY 31.2024.	
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)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

	07/31/2024	
The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	TODAY JULY 31,2024	
rate of the date of appreciating.	(no more than 90 days after amendment fil	e date)
	this block does not meet the applicable statutory filing requi- he Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	the amendment(s)
	re approved by the shareholders through voting groups. The faced for each voting group entitled to vote separately on the ame	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
07/31 Dated		
Signature _	Traless	
se	by a director, president or other officer – it directors or officers elected, by an incorporator – if in the hands of a receiver, trust oppointed fiduciary by that fiduciary)	
	ZOSIMO ERICK MORALES SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LATINO SERVIC	E INC			
DOCUMENT NUM	B 06000040212				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	AGUSTIN DANIEL ALVAR	REZ			
	Name of Contact Person				
	LATINO SERVICE INC				
	Firm/ Company				
	3894 DAVIE BLVD				
	Address				
	FORT LAUDERDALE FLORIDA				
	City/ State and Zip Code				
	LATINOSERVICEINC@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
ERICK MORALES		at (<u>954</u>	6470340		
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Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	lling Address endment Section ision of Corporations . Box 6327 ahassec, FL 32314	Amend Divisio The Co 2415 N	Address Inent Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303		