

P07000028102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

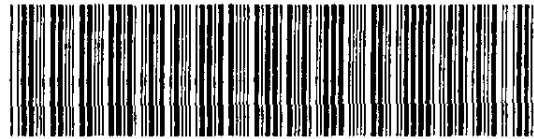
(Business Entity Name)

(Document Number)

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03/22/11--01026--009 \*\*35.00

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FILED  
11 MAR 22 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

72-3-23-4

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Presto multiservices & Filing, INC.

**DOCUMENT NUMBER:** P07000028102

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy Boscan

Name of Contact Person

Presto multiservices & Filing Inc

Firm/ Company

4124 Pine Ridge Lane

Address

Weston, FL 33331

City/ State and Zip Code

prestomulti@gmail.com

E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy Boscan

Name of Contact Person

at (954) 234-9026

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Presto multiservices & filing Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P07000028102

(Document Number of Corporation (if known))

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11 MAR 22 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4124 Pineridge Lane  
Weston, FL 33331

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4124 Pine Ridge Lane  
Weston, FL 33331

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Rina Y Oberto

New Registered Office Address:

4124 Pine Ridge Lane  
(Florida street address)

Weston

(City)

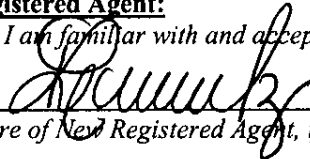
, Florida

(Zip Code)

33331

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Tommy Basean	4124 Pine Ridge Ln Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Rina Yoberto	4124 Pine Ridge Ln Weston, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

Correction's above, will show proper way of requesting through state of Florida Officer/Director Detail. Such as Name of the Title President & name of secretary the proper way it should show.

**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)

The date of each amendment(s) adoption: \_\_\_\_\_

3/16/2011

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

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.

Dated \_\_\_\_\_

3/16/2011

Signature \_\_\_\_\_

*Tommy Boscan*

(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)

Tommy Boscan

(Typed or printed name of person signing)

President

(Title of person signing)