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COVER LETTER

TO: Amendment Section **Division of Corporations** Managed Services Corporation NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **RENE MURILLO** Name of Contact Person MANAGED SERVICES CORPORATION Firm/ Company 7595 NW 74TH AVE Address TAMARAC FL 33321 City/ State and Zip Code RMURILLO@MANAGEDSERVICESFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **RENE MURILLO** 5 513-0059
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

MANAGED SERVICES CORPORATION

THE WILLIAM SERVICES COIL CHATTON		
	tly filed with the Florida Dept. of State)	
P07000063177		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation: η/α		The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	$n \alpha$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nja	17 Sept. 10
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		FILED FILED AND COMP
Name of New Registered Agent // A		STATE ORATIO
(Florida s	treet address)	-
New Registered Office Address: n/w	. Florida	
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position Registered Agent if changing	2 .
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)

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) Change	S	ROGER J BERMUDEZ	7595 NW 74TH AVE
X Add			TAMARAC FL 33321
Remove			
2) Change	<u>v</u>	SEAN MURILLO	7495 NW 74TH AVE
X Add			TAMARAC FL 33321
Remove			***************************************
3) Change		·····	
Add			
Remove			
4) Change		****	
Add			
Remove			******
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

raumon additional sneets, if n	ltional Articles, necessary). (Be	specific)	 _		
	n/a				
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f an amendment provides f	for an exchance	reclassification	n ar cancellatio	n of issued share	• e .
provisions for implementin	ng the amendme	nt if not contai	ned in the amen	dment itself:	
(if not applicable, indic	ate N/A)				
n/	a				
				- <u>-</u>	

The date of each amendment(s) a	doption:	if other than the
date this document was signed.	10/2017	
Effective date <u>if applicable</u> :	19/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
06/19/201	7	
Dated		
Signature #	Je Illen	
(Bý a c selecte	director, president or other officer — if directors or officers have not be ed, by an incorporator — if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	RENE MURILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	