## P0800056708

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| ·                                       |                    |             |  |
| (Ad                                     | ldress)            |             |  |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | usiness Entity Nan | me)         |  |
| ,                                       | •                  | ·           |  |
| (Do                                     | ocument Number)    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
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C. GOLDEN

MAR 1 3 2018

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                |   |  |  |
|---|---|--|--|
| NAME OF CORPORATION: Referre                            | als Services Inc.   |  |  |
| DOCUMENT NUMBER: P0800005                               | 56708   |  |  |
| The enclosed Articles of Amendment and fee are sub      |   |  |  |
| Please return all correspondence concerning this matter | er to the following:  |  |  |
|   | Name of Contact Person  ALS SCIVILES INC.   |  |  |
|   | Firm/Company 168th St. Suite G  |  |  |
| Palmetto Bay, FL. 33157                                 |   |  |  |
| 1   | City/ State and Zip Code  |  |  |
| hpremax@gmail.com                                       |   |  |  |
| E-mail address: (to be use                              | ed for future annual report notification)   |  |  |
| For further information concerning this matter, please  | e call:   |  |  |
| Mign Helen Padron                                       | at (305) 965-3987  Area Code & Daytime Telephone Number   |  |  |
| Name of Contact Person                                  | Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made p     | ayable to the Florida Department of State:  |  |  |
| Swet  \$35 Filing Fee & Certificate of Status  Swet     | Certified Copy (Additional copy is enclosed)  \$\int \frac{1}{3}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address   | Street Address Amendment Section  |  |  |
| Amendment Section Division of Corporations              | Division of Corporations  |  |  |
| esdP.O. Box 6327  | Clifton Building 2661 Executive Center Circle   |  |  |
| 1   | LOUI IMCULIAC COMO CHOICE   |  |  |

Tallahassee, FL 32301



March 5, 2018

HELEN PADRON 16900 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157

SUBJECT: REFERRALS SERVICES, INC.

Ref. Number: P08000056708

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Page 3 is missing, also please check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 518A00004335

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

| E)  | ξ. |
|-----|----|
| ( ) | Ξ. |

|  |                             | 2010 H.                | P12 AMID 1        |
|--|-----------------------------|------------------------|-------------------|
| (Name of Corporation as curren   |                             | Debr of 21ste)         |                   |
| Belerrals Servi  | us Inc                      | 1080x                  | 200567            |
| (Document Number   | of Corporation (if known)   |                        |                   |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:   | s Florida Profit Corporati  | ion adopts the follow  | ring amendment(s) |
| If amending name, enter the new name of the corporation:   |                             |                        |                   |
|  |                             |                        | The new           |
| ame must be distinguishable and contain the word "corporate<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>ord "chartered," "professional association," or the abbreviation | "Co". A professional co     |                        |                   |
| Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )  | Already                     | i                      |                   |
| Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)   | Already                     | 4 )                    |                   |
| . If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre  | <u>ss:</u>                  | e name of the          |                   |
|  | ing water R                 | <u>0Y)</u><br>d        | <u> </u>          |
| New Registered Office Address: Vesto   | (City)                      | , 1 1011ua             | 3376<br>ip Code)  |
| ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian  |                             | ations of the position | n.                |
| Signature of New   | Registered Agent, if change | ging                   | <del></del>       |

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<br>(Check One) | <u>Title</u> | Name               | <u>Addres</u> s                           |
| 1) Change                     | P            | Jose M. Padrem     | 1960 N. Commerce                          |
| Add Remove                    |              |                    | Pay-417<br>Waston #1.33326                |
| 2) Change Add                 | P            | Miren Helen Padroń | 720 feilling wester<br>Rd westen #1.33326 |
| Remove                        |              |                    |   |
| 3) Change Add                 |              |                    |   |
| Remove                        |              |                    | <del></del>                               |
| 4) Change Add                 |              |                    |   |
| Remove                        |              |                    |   |
| 5) Change Add                 | <del></del>  |                    |   |
| Remove                        |              |                    |   |
| 6) Change<br>Add              |              |                    |   |
| Remove                        |              |                    |   |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary).                                | (Be specific)   |  |                      |
|---|---|--|----------------------|
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| f an amendment provides for an exch<br>provisions for implementing the ame<br>(if not applicable, indicate N/A) | ange, reclassification, or<br>adment if not contained | cancellation of issued<br>in the amendment itsel | <u>shares.</u><br>f: |
|   |   |  |                      |
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|   |   |  |                      |

| The date of each amendment(s) adoption: _ date this document was signed.                     | 3/5/2018   | , if other than the                              |
|--|--|--|
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendme  | nt file date)                                    |
| Note: If the date inserted in this block does document's effective date on the Department of |  | equirements, this date will not be listed as the |
| Adoption of Amendment(s)   | CHECK ONE)   |  |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for              |  | for the amendment(s)                             |
| ☐ The amendment(s) was/were approved by must be separately provided for each votil           | the shareholders through voting groups. To<br>ing group entitled to vote separately on the                                     | he following statement<br>amendment(s):          |
| "The number of votes cast for the am   | nendment(s) was/were sufficient for approv   | al   |
| by   | ,  | "  |
| The amendment(s) was/were adopted by the action was not required.                            |  | ction and shareholder                            |
| ☐ The amendment(s) was/were adopted by the action was not required.                          | /101/  | and shareholder                                  |
| Dated  |  |  |
| selected, by an in   | resident or other officer – if directors or offi<br>neorporator – if in the hands of a receiver, the<br>ary by that fiduciary) |  |
|  | (Typed or printed name of person signing   | Padron_  |
|  | (Typed or printed name of person signing)  (Title of person signing)   | B)   |