

05/04/2018 2:27 PM FAX

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954)532-3842  
Fax Number : (954)532-3847

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

*paul@eagle-tax.com*

S TALLENT

MAY 07 2018

COR AMND/RESTATE/CORRECT OR O/D RESIGN

BETTER WAY GENERAL SERVICES, INC

Certificate of Status	0
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Page Count	06
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850-617-6381

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May 4, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BETTER WAY GENERAL SERVICES, INC  
22389 SW 66 AVENUE  
APT# 1510  
BOCA RATON, FL 33428US

SUBJECT: BETTER WAY GENERAL SERVICES, INC  
REF: P09000015386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H18000139541  
Letter Number: 018A00009249

RECEIVED  
18 MAY -4 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BETTER WAY GENERAL SERVICES, INC

DOCUMENT NUMBER: P09000015386

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

Please return all correspondence concerning this matter to the following:

PAULO OLIVEIRA

Name of Contact Person

EAGLE TAX REPRESENTATION CORP

Firm/ Company

5493 WILES ROAD SUITE 105

Address

COCONUT CREEK, FL 33073

City/ State and Zip Code

PAULO@EAGLE-TAX.COM

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

For further information concerning this matter, please call:

PAULO OLIVEIRA

at ( 954 ) 532-3842

Name of Contact Person

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

BETTER WAY GENERAL SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO9000015386

(Document Number of Corporation (if known))

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)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**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

18 MAY -11 AM 8:35

FILED

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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	D	Macedo, Ivonilson	3301 SHOMA DRIVE
<input type="checkbox"/> Add			ROYAL PALM BEACH, FL
<input type="checkbox"/> Remove			33414
2) <input checked="" type="checkbox"/> Change	P	Macedo, Maria Eduarda Soares	3301 SHOMA DRIVE
<input type="checkbox"/> Add			ROYAL PALM BEACH, FL
<input type="checkbox"/> Remove			3414
3) <input checked="" type="checkbox"/> Change	V	Macedo, Gabriel Soares	3301 SHOMA DRIVE
<input type="checkbox"/> Add			ROYAL PALM BEACH, FL
<input type="checkbox"/> Remove			3414
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

(if not applicable, indicate N/A)

N/A.

[illegible]

The date of each amendment(s) adoption: 05/04/2018, if other than the date this document was signed.

Effective date if applicable: 05/04/2018  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 05/04/2018

Signature \_\_\_\_\_

(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)

IVONILSON MACEDO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)