P09000051620

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amend 7/2/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	All in 1 Smart Services	s, Inc.
DOCUMENT NU	JMBER:	P0900005162	20
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Alex Rodriguez	
•	N	Jame of Contact Person	
	All in	1 Smart Services, Inc.	
		Firm/ Company	
	619	1 W Atlantic Blvd #8	
		Address	
	N	Margate, FL 33063	
		City/ State and Zip Code	
	alav	@tayaaar aam	
	E-mail address: (to be use	@taxesar.com d for future annual report notification	1)
For further inform	ation concerning this matter,	please call:	
	Alex Rodriguez	at (954)	973-2997
Namo	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Dep	partment 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 d) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Ci	irele

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

All IN 1 SMART SERVICES, INC.

ALECRIAN AN B. 40 (Name of Corporation as currently filed with the Florida Dept. of State)

P09000051620

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corporation
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>		
D. If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street add	ress)
	(Florida street add.	ress), Florida (Zip Code)

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> → **Name** Address Type of Action Giovanbatista Galizia Nayiber Ruiz Weston, FL 33332 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 6/23/09
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
···	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	6/23/09
Signature_	
sel	y a director president or other officer/- if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary
	ALEX ADD, '50€ 2 (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)