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COVER LETTER

TO: Amendment Section Division of Corporations

. ... ,

NAME OF CORPORATION: MY MULTY Sevices				
DOCUMENT NUMBER: <u>PC9000585</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jean Paul Vrau120 (Name of Contact Person)				
My MULTY Services Inc (Firm/Company)				
13926 SW 101 M				
Migmi, Florda 33186 (City/ State and Zip Code)				
Jean Pau Wahot Mai L. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sean Fave Orovizo at 386, 443-5946 (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$52				

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

is enclosed)

Articles of Amendment

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to 14/2/2 16 1			
4/2/2 1/2			
Articles of Incorporation of			
My MOUTY Senices Inc			
(Name of Corporation as currently filed with the Florida Dept. of State)			
<u> </u>			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3926 Sw 01 L Miami, FL 33186			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 139265W101U0 - Miami, Fl 33186			
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: Jean Faul Urquizo 13926 SW 1010			
New Registered Office Address: (Florida street address) (City) Orida 33186 (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.			

Vev Registered Agent, if changing

Page 1 of 3

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)

....

Title	<u>Name</u>	<u>Address</u>	Type of Action
P	Karing velocovez	147585W9M HIDM: FC 33194	☐ Add ☑ Remove
Register Agent	ED KANNG VELGEGUEZ	147585W947 MIQMIL PC 33194	☐ Add Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
<u> </u>	Carona velas Quez (Typed or printed name of person signing)
-	(Title of person signing)

Page 3 of 3