Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H120002190883)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

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: (305)541-3980

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COR AMND/RESTATE/CORRECT OR O/D RESIGN A PLUS GLASS SERVICES CORP

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COVER LETTER

IU:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: A PLUS GL	LASS SERVICE	S CORP	
DOCUMENT NUMBER: P0900006933			
The enclosed Articles of Amendment and fee are su	•		
Please return all correspondence concerning this ma	tter to the following:		
MOSES NAE			
ACCOUNTANT 8	Name of Contact Person MANAGEMEN	•	
	Firm/ Company		
1549 NE 123RD	ST		
	Address	-	
NORTH MIAMI, F	FL 33161		
	City/ State and Zip Code		
INFO@SOLUTIONS	BYACCOUNTAI	NTS.COM	
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
MOSES NAE	at (305	, 541-3980	
Name of Contact Person			
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee .	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

TILLE

Articles of Amendment to

2012 SEP -4 AM 10: 49

	to Articles of Incorporation	SECRETARY OF STATE TALLAHASSEE. FLORIDA
A PLUS GLASS SERVICES O	or CORP	FIALLAMASSEE, FLURIDA
	ly filed with the Florida Dept. of St	ate)
P09000069332		
(Document Number	r of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Con</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation;	
		The new
name must be distinguishable and contain the tagget of the designation "Corp.," "Inc.," or Co.," or the designation "Coward "chartered," "professional association," or	urp." "Inc." or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D, If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, en red office address:	ter the name of the
Name of New Registered Agent		
	(Florida sin et address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)

Page 1 of 4

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.

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 uddress 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PT	<u>John Doe</u>	
X Romave	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	RUA, FELIX	9104 NW 106 ST
X Remove			MEDLEY FL 33178
2) X Change	VP	BERNAL, JEANNETTE	9104 NW 106 ST
Add			MEDLEY FL 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)	<u>nero;</u>	•
(Attach dalamonal sheets, if necessary).	(be specific)		
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If an amendment provides for an exch	anne, reclassification	s, or cancellation of issued	i shores.
provisions for implementing the amer	adment if not contai	ned in the amendment itse	lf:
(If not applicable, indicate N/A)			
			<u> </u>
			,
·			
			<u> </u>
	-		

H12000219088 3
The date of each amendment(s) adoption: 09/04/12
The of the second states
(no more than 90 days after amendment file date)
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 09/04/12
Signature ALC
(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)
MARIA E OTERO
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)