P0900007	18392
(Requestor's Name) (Address)	9003344025
(Address) (City/State/Zip/Phone #)	07 (26/11) - A1009 OCS
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	TALLAHAS
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COVER LETTER			
TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Great Florida Services Inc DOCUMENT NUMBER: P09000078392			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sayaka Ruiz Name of Contact Person Great Florida Services Inc Firm/ Company 17440 S. W. 296 St Address Homestead, FL 33030 City/ State and Zip Code great florida Services @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Sayaka Ruiz at (786) 512-6925			
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 \$\$35.50 Filing Fee \$\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

Articles of Amo to	endment
Articles of Incor	poration
of	T
Great Florida Services	
$(\underline{\text{Name of Corporation as currently f}}_{P D D D D D D D D D D D D D D D D D D D$	med with the Florida Dept. of State
<u>P09000078392</u> (Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must cc
B. Enter new principal office address, if applicable:	17440 S.W. 296 St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	17440 S.W. 296 st Homestead, FL 3303
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	17440 S.W. 296 St Homestrad, FL 33030
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u>	
(Florida street	address)
New Registered Office Address: 17440 S.W. 296 (C)	<u>St</u> , <u>Homesterd</u> , Florida <u>33037</u> (Zip Code
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed anaddress 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 Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first lea 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Ex	am	ple:
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Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	$\underline{\vee}$	Anthony Ruiz	15940 SW 21 Homestead, F	<u>8 :</u>
Add			Hompstead, F	L
Remove				
2) Change				<u> </u>
Add				
Remove				
3) Change				
Add				<u> </u>
Remove				_
4) Change				
Add				
Remove				
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Remove				
6 Chanua				
6) Change		<u> </u>		Ì
Add				- <u></u> .
Remove			·	-

The date of each amendment(s) adoption:
Effective date if applicable:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r 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"
 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 $2/23/2019$
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)
Sayaka Ruiz
(Typed or printed name of person signing) Prestdent
(Title of person signing)