Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002137143)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN WILLIAMSBURG SERVICES, INC.

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Certificate of Status	0	
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Page Count	02	
Estimated Charge	\$35.00	

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8/29/2011

AUG. 29. 2011 2:45PM

CAPITAL CONNECTION



August 29, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILLIAMSBURG SERVICES, INC. 12879 SW 65TH TERRACE MIAMI, FL 33183

SUBJECT: WILLIAMSBURG SERVICES, INC.

REF: P10000043625

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

Davinci Matamoros must sign document - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H11000213714 Letter Number: 211A00020119

RECEIVED

11 AUG 29 AM 8: 07

ECRITARY OF STATE
ALLAHASSEE, FLORIG

P.O BOX 6327 - Tallahassee, Florida 32314

TO: Amendment Section

COVER LETTER

Division of Corporations
SUBJECT: Williamsburg Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P/'0000043625
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mariuxi San Miguel
(Name of Person)
Williamsburg Services, Inc.
(Name of Firm/Company)
12789 Sw 65th Terrace
(Address)
Miami, Florida 33185
(City/State and Zip Code)
or further information concerning this matter, please call:
Mariuxi San Miguel at (786 266-0419 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Inclosed is a check for \$35.00 made payable to the Florida Department of State.
Itreet Address: Itreet Address
661 Executive Center Circle Tallahassee, FL 32314

Articles of Amendment

	to	FILED
	Articles of Incorporation of	11 Aug
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OI.	11 AUG 29 AM 10: 44
WILLIAMSBU	URG SERVICES, INC. rently filed with the Florida Dept	TALL TONY OF OF
(Name of Corporation as curr	rently filed with the Florida Dept	L. OT STATE
P1(0000043625	A CONTROLL
(Document Nu	mber of Corporation (if known)	
tursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida	Profit Corporation adopts the fo
. If amending name, enter the new name of	of the corporation:	
		_
ame must be distinguishable and contain	the word "correction" "con-	The nev
ame must contain the word "chartered," "pro		
ame must contain the word "chartered," "pro Enter new principal office address, if app	plicable:	
ame must contain the word "chartered," "pro Leter new principal office address, if app Principal office address <u>MUST RE A STREE</u>	plicable: ETADDRESS)	
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "problem in the most contain the most contain the most contained and the most contained and contained	plicable: ET ADDRESS) E: ICE BOX) registered office address in Flori	
ame must contain the word "chartered," "pro- b. Enter new principal office address, if apprincipal office address MUST RE A STREE c. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) c. If amending the registered agent and/or a	plicable: ET ADDRESS) E: ICE BOX) registered office address in Flori	
ame must contain the word "chartered," "pro- b. Enter new principal office address, if apprincipal office address MUST RE A STREE C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) c. If amending the registered agent and/or new registered agent and/or the new registered agent and/or th	plicable: ET ADDRESS) E: ICE BOX) registered office address in Flori	da, enter the name of the
ame must contain the word "chartered," "pro- b. Enter new principal office address, if apprincipal office address MUST RE A STREE c. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) c. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	plicable: ET ADDRESS) E: ICE BOX) registered office address in Floristered office address:	da, enter the name of the

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 address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	DAVINCE MATAMOROS	1790 NW 86TH TERRACE MIAMI FL 33147	
(attach ac	ling or adding additional Articles, ent iditional sheets, if necessary). (Be spe	er change(s) here.	
provisio	nendment provides for an exchange, ross for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself:
_		<u> </u>	
		·	

The date of each amendment(s) ado	mion: 08/29/11			
,	(date of adoption is required)			
Effective date if anoticable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt by the shareholders was/were suffic	od by the shareholders. The number of vicing for approval.	oles cast for the smendment(s)		
The amendment(s) was/were appromust be separately provided for each	ved by the shateholders through voting of voting group entitled to vote separate	youps. The following statemently on the amendment(s):		
"The number of votes cast for	the amendment(3) was/were sufficient fo	t B b bto ns j		
by	19			
(voting	дтомр)			
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shar	sholder action and shareholder		
The amendment(s) was/were adopted action was not required.	ed by the incorporators without sharehold	der action and shareholder		
Dated	29/11			
Signature	and Shared			
(By a direct	f, president or other officer - if director			
	an incorporator—if in the hands of a rec duciary by that (iduciary)	eiver, trustee, or other court		
	L	•		
· R	Cair Averesson	· 		
	(Typed or printed name of person si	guing)		
٠ <u>.</u>	CEO	:		
(Title of person signing)				