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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA  DOCUMENT NUMBER	P1000000000000000000000000000000000000	PROFESSIONAL SE	RVICES CORP.		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
i	RAIMUNDO N	TORRE			
_		Name of Contact Person			
· -	SQUETINNE PROI		VICES CORP.		
<u> </u>	212 SE 1ST S				
DEERFIELD BEACH - FLORIDA - 33441					
		City/ State and Zip Code			
	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
FERNANDA	LOLA	<sub>*.</sub> 954	782 3610		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

## **Articles of Amendment** to Articles of Incorporation of



## SQUETINNE PROFESSIONAL SERVICES CORP.

(Document Number of Corporation (if known)

(Name of Corporation as currently filed with the Florida Dept. of State) P10000080202

amendment(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment			
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 "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	3261 SW 1 ST APT A			
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH - FL - 33442			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3261 SW 1 ST APT A			
	DEERFIELD BEACH - FL 33442			
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the			
new registered agent and/or the new registered office address:	8A			
Name of New Registered Agent 3261 SW 1ST				
(Florida stree				
New Registered Office Address: DEERFIELD BEACH , Florida 33442				
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar w	ih and accept the obligations of the position.			
Signature of New Registered As	vent if changing			
, signature of their register ou rig	5 v <del></del>			

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)

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

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	RAIMUNDO N TORRE	212 SE 1ST STE 212
Add			DEERFIELD BEACH
Remove			FL - 33441
2) Change	Р	LUCIO H. TEIXEIRA	3261 SW 1ST APT A
Add			DEERFIELD BEACH
Remove			FL - 33442
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
о П с			
6) L. Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	<del>-</del>
if an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (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)	
(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 09/12/2014	
Signature Colon Co	
(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)	<del></del>
RAIMUNDO N TORRE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>