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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	(ATION:	CONTROL OF MIAMI, II	NC	
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	HUMBERTO JIMENEZ			
		Name of Contact Persor	<u> </u>	
	PRO-TECH PEST CONTRO	L OF MIAMI		
	Firm/ Company			
	14256 SW 51 STREET			
		Address		
	MIAMI, FL 33175			
		City/ State and Zip Code	•	
NOW	ORNEVER@BELLSOUTH.	NET		
	<del>-</del>	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
HUMBERTO JIMEN	EŽ	at (	559-1227	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	ertment 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)	
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

PRO TECH PEST CONTROL OF MIAMI, INC.

(Name of Corporation as currently filed with	the Florida Dept. of State)
21100000685	
(Document Number of Corporation	on (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> s Articles of Incorporation:	ofit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "compa Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A pro-	
ord "chartered," "professional association," or the abbreviation "P.A."	ojessona corporation name in the contract of t
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS	7 F
	<u> </u>
	Section 2 Secti
Enter new mailing address, if applicable:	: 65 - 6: 5 - 9: 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	¥*
If amending the registered agent and/or registered office address in Flori	rids, enter the name of the
new registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of the position.
	,

## 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	RAUL JIMENEZ	14256 SW 51 STREET
X Add			MIAMI, FL 33175
Remove			
2) Change	<del></del>		
Add			
Remove			*****
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change		۶	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for Implementing the amendment if not contained in the amendment liself:  (If not applicable, indicate N/A)		or adding additional Ar nal sheets, if necessary)		<del>-</del>		
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)				··· -		
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)						
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	provisions fo	or implementing the an	nendment if not cor	tained in the amen	dment itself:	
	(if not ap	pplicable, indicate N/A)				
	<b>L</b>					
				<u></u>		

The date of each amendment		, if other than the
date this document was signed	- 09/19/2016	
Effective date if applicable:	09/19/2010	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2016	
Dated	04 0.	
Siamatuna	Hum / -	
Signature(E	by a director, president or other officer – if directors or officers have not been	1
	elected, by an incorporator – if in the hands of a receiver, trustee, or other co	
ар	ppointed fiduciary by that fiduciary)	
	HUMBERTO JIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · ·