P1000065261

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SECRETARY OF STATES
ALLAHASSEE, FLOBIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

 NAME OF CORPORATION: DEUS SERVICE	S. INC
DOCUMENT NUMBER: P11000065261	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Carolina Narvaez Polo	
	Name of Contact Person
	Firm/ Company
11045 SW 16 St - APT 109	<u> </u>
	Address
Pembroke Pines, FL 33025	
	City/ State and Zip Code
carolinapolo2012@hotmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Carolina Narvaez Polo	at (954) 696-7142
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DEUS SERVICES, INC.

DEGG OBK FORK, 1. TO.	ĮĮ.		
(Name o	f Corporation as currently	y filed with the Florida Dept. of	State)
P11000065261			
	Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new na	 me of the corporation:		
n/a			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation Corp, " "Inc, " or "	Co". A professional corporation P.A."	ed" or the abbreviation i name must contain the
B. Enter new principal office address,	if applicable:	11045 SW 16 St - APT 109	
(Principal office address MUST BE A S		Pembroke Pines, FL 33025	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of the Mailing address of the Mailing address, if applia (Mailing address) (Mailing address	OFFIGE BOX)	<u>:</u>	FILED FILED SECRETARY DESTATES SECRETARY DESTATES LALLAHASSEE: FLOBIDA
			
		eet address)	
New Registered Office Address:	Pembroke Pines	FI	33025 orida
New Registered Agent's Signature, if c	hanging Registered Agent	(City)	(Zip Code)
I hereby accept the appointment as regist	tered agent. I am f a miliar i	with and accept the obligations of	the position.
	auto		
	Signature of New F	Registered Agent, if changing	
	1		

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer: CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or Di i if necessi- rector title President, = Chief F er, Directo I in the fol- wes the co e, and Sall	rector being ary) by the first T = Treasur inancial Off or would be following many orporation, S y Smith, SV	added:	officer/director being removed and title, name, and TR= Trustee: C = Chairman or Clerk: CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the F. There is These should be noted as John Doc. PT as a Change.
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>	<u>Na</u>	ime	<u>Addres</u> s
1) Change	Р	W	 /alter Murillo	1551 SW 194 TERR
Add				P PINES, FL 33029
X Remove				
2) Change	Trustee	e A	GUERO, LESLY	1551 SW 194TH Terrace
_ Add				Pembroke Pines, F1. 33029
x Remove				
3) Change	TR	Α	ll GUERO, LESLY	1551 SW 194 TERR
Add		_		PEMBROKE PINES, FL 33029
x Remove				
4) Change	P	C	arolina Narvaez Polo	11045 SW 16 St - APT 109
Add	<u></u>			Pembroke Pines, FL 33025
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

__ Remove

. If amending or adding additional Artic	
(Attach additional sheets, if necessary).	(Be specific)
n/a	
<u> </u>	
•	
	<u> </u>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	iditent if the contained in the amendment reservi-
n/a	
	II

. 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)
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CF	 <u>IECK ONE</u>)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval
by	ding group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
9/4/2017 Dated	
selected, by an inc	sident or other officer – if directors or officers have not been or or or other court by by that fiduciary)
Walter Mu	 initio
President	(Typed or printed name of person signing)
	(Title of person signing)