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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AMBAR DIAZ, P.A. Account Number : 120110000016 Phone : (305)476-8100

Fax Number : (305)422-6222

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

mail Address: UCAUL

Januard 7275@quail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GUINES MULTISERVICES, INC

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COVER LETTER

TO: Amendment Sec Division of Con			
NAME OF CORPO	RATION: GUINES MULTIS	SERVICES, INC	
DOCUMENT NUM	DOCUMENT NUMBER: P12000031772		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	YUDITH SANCHEZ		
		Name of Contact Person	1
	GUINES MULTISERVICES	S, INC	
		Firm/ Company	
	475 E 49TH ST	Time Company	
		Address	
	HIALEAH, FL 33013	_	
		City/ State and Zip Code	e
yany	rud7275@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
YUDITH SANCHEZ		at (305	244-1971
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fec & 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)
An Div P.C	ciling Address conducts Section cision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

(((H19000267032 3)))

Articles of Amendment to Articles of Incorporation of

(Name				
	of Corporation as curren	tly filed with the Florida Dept. of State)		
P12000031772		(0)		
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	g amendment(s)	
. If amending name, enter the new o	ame of the cornoration:			
NO CHANGES			_The new	
name must be distinguishable and con "Carp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the ai "Co". A professional corporation name must o "P.A."	bbreviation contain the	
3. Enter new principal office address.	if anniicable:	475 E 49TH ST		
Principal office address MUST BE A	STREET ADDRESS)	HIALEAH, FL 33013		
			201	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		475 E 49TH ST	··	
		HIALEAH, FL 33013	، ن	
			5: 2	
			- 5	
 If amending the registered agent an new registered agent and/or the ne 	nd/or registered office addresses we registered office address	dress in Florida, enter the name of the	21	
NO CHANGES				
Name of New Registered Agent	475 E 49TH ST		•	
	(Florida s	trees address)	•	
New Registered Office Address:	HIALEAH	22012		
		(City) (Zip C	Code)	
Name of New Registered Agent New Registered Office Address:	475 E 49TH ST (Florida s	, Florida	Code)	

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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)

Example:

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	PI	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	YUDITH SANCHEZ	475 E 49TH ST
Add			HIALEAH, FL 33013
Кеточе			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

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If amending or add (Attach additional si	ueets, if necessary).	(Be specific)			
IO CHANGES					
······································					
					
					<u></u>
	_				
			<u> </u>	<u>. </u>	
		<u> </u>			
 _					····
·					
					
		_			
. If an amendment t	rovides for an exch	nge, reclassifica	tion, or cancellat	ion of issued share	<u>s</u> ,
provisions for imp	dementing the amen	dment if not cor	tained in the ame	endment itself;	_
	ble, indicute N/A)				
10 CHANGES					<u>.,</u>
		·····			
					
				<u></u>	
		···			
					

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	if when they the
The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable: (no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	er the applicable statutory filing requirements, this date will not be listed as the seconds.
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for approximations.	oo ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shap must be separately provided for each voting grund	cholders through voting groups. The following statement of artificed to vota separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by	7
☐ 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 incorpaction was not required. AUGUST 28, 2019 Dated	normors without shareholder action and shareholder
Signature * Sud	It source
(By a director, president of selected, by an incorporp appointed fiduciary by the	or other officer - if directors or officers have not been to: - if in the hands of a receiver, trustee, or other count at fiduciary)
YUDITH SANC	них
(Турф	or printed name of person signing)
PRESIDENT	
	(Title of person signing)
	Page 4 of 4
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