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SEP 1 4 2017 S. YOUNG SECRETARY OF STATE
TAIL ANASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MIRYNICK SERVICES, INC		
DOCUMENT NUMBER:	P12000034421		
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
	GABRIEL A MEDINA		
	Name of Contact Person		
	Firm/ Company		
	220 SE VAN LOON TER		
	Address		
	CAPE CORAL, FL 33990		
	City/ State and Zip Code		
JULI	OFIGUEROA@MIRYNICKSERVICES.COM		
E-mail address: (to	ne used for future annual report notification)		
For further information concerning this matter	; please call:		
GABRIEL A MEDINA	at (239) 205-4663 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount	 made payable to the Florida Department of State: 		
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta			
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

MIRYNICK SERVICES, INC

				····	
(<u>Name of Corp</u>	oration as currently	filed with the Florida Dept.	of State)	1	
	P1200003442	1			
	Document Number of C	orporation (if known)		~	
Pursuant to the provisions of section 607.1006. Its Articles of Incorporation:	lorida Statutes, this <i>Fl</i>	orida Profit Corporation add	opts the f	ollowing amend	ment(s) to
A. If amending name, enter the new name off	the corporation:				
				The n	-n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or	Corp. "Inc." or "Co	o". A professional corporat	uted" or ion name	the abbreviat	ion
B. Enter new principal office address, if appli	ealsla	220 SE VAN LOON TER			
(Principal office address MUST BE A STREET		CAPE CORAL, FL 33990		- · - · ·	_
				12.5	- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	220 SE VAN LOON TER		SEP SEP	T =
		CAPE CORAL, FL 33990	,	Siz 3	
				- G	_ ·
D. If amending the registered agent and/or re	gistered office addre	ss in Florida, enter the nam	e of the	10 to	•
new registered agent and/or the new regist				- بمبيد	
Name of New Registered Agent	GABRIEL A MEDINA				
	220) SE VAN LOON TER			
	(Florida stree	t address)			
New Registered Office Address:	CAPE CORAL		Florida	33990	
Sen regimered Office radices.	(City)			(Zip Code)	_
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ds	gent Tam familiar wi	to to	of the pe	osition.	
	Signature of New Reg	gistered Agent, if changing			

address of each Offic (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF held, President, Treast Changes should be no a change, Mike Jones	er and/or I ets, if neces edirector tit ce Presiden O = Chief urer, Direct ted in the fo	Director being added sary) le by the first letter of the Treasurer; S Financial Officer. If for would be ITD, offowing manner Cuarporation, Sally Sm	l: The office title: Secretary: D - Director, an officer director holds rrently John Doe is listed ith is named the V and S.	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 V. There is These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remo Example:	ove, and Sa	lly Smith, SV as an Ac 	lel.	
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	 <u> Name</u> 		<u>Addres</u> s
1) Change	p	BERNAH	BE F ROBLEDO	703 NW IST ST
Add				CAPE CORAL, FL 33993
XX Remove				
2) Change	P	JULIO C	FIGUEROA	220 SE VAN LOON TER
XX Add				CAPE CORAL, FL 33990
Remove				
3) Change	S	GABRIE	L A MEDINA	220 SE VAN LOON TER
XX Add				CAPE CORAL, FL 33990
Remove				
4) Change	*****			
Add				-
Remove				
5) Change		<u> </u>	·	
Add				******
Remove				
6) Change		_		
Add				

____ Remove

If amending or adding additional Arti (Attach additional sheets, if necessary).	(lie specific)
	<u> </u>
f an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate NA)	
	<u> </u>

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 r document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	 ECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	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	ing group)
v.a	mg group)
☐ The amendment(s) was/were adopted by the action was not required.	hoard 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
09/01/2017 Dated	
Signature	
selected, by an inc	dent or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
	JULIO C FIGUEROA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)