

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Capies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	_

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NOV 1 6 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLORIDA SERVI	CES CONSULTANTS INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JULIA ALVAREZ		
		Name of Contact Person)
		Firm/ Company	
	18981 US HWY 441		
	MOUNT DORA FL 32757	Address	
		City/ State and Zip Code	2
FI OR		ANTS@GMAIL.COM	
		sed for future annual report	notification)
For further information JULIA ALVAREZ	n concerning this matter, pleas		4857466
	of Contact Person	at (407	de & Daytime Telephone Number
	the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 nhassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301

Articles of Amendment to Articles of Incorporation of

FLORID	A SERVICES.	CONSILI	DARIES INC

(Name of Corporation as currently	filed with the Florida Dept. of State)			
P12000035972				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006 , Florida Statutes, this I is Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendn	ient(s) t	
A. If amending name, enter the new name of the corporation:				
		The ne	w	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Cord" chartered," "professional association," or the abbreviation ".	Co". A professional corporation name	the abbreviation	711	
3. Enter new principal office address, if applicable:	18981 US HWY 441			
Principal office address MUST BE A STREET ADDRESS)	MOUNT DORA FL 32757			
		· · · · · · · · · · · · · · · · · · ·		
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18981 US HWY 441			
	MOUNT DORA FL 32757	M. VI		
		A: 33	•	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:		9/ 15 P		
Name of New Registered Agent			·*	
	·			
(Florida stre	eet address)			
Nose Registered Office Address: 18981 US #W	y 441, MT Dora, Florida	3522		
New Registered Office Address: 18 781 US ##		(Zip Code)	•	

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; \hat{V} = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CEO = 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 Doc 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 on Add.

Example: XChange	PT John Do	n <u>e</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
-			
6) Change			
Add			
Remove			

V/A	
	·
	-
. If 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)	
\$/A	

11/01/2017	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
11/01/2017	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voing 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.	
11/01/2017 Dated	
PODD	
Signature	
(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)	
JULIA ALVAREZ	
(Typed or printed name of person signing)	
PRESIDENT	
CTiets of sureau cinning)	