

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000249054 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (305)599~0839

Fax Number

: (305)592-9591

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

Bmail Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MESA FLOORING AND JANITORIAL SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

AUG 27 2018

<u>ന</u>

## FILED

## 2018 AUG 24 AM 9: 46

## Articles of Amendment to Articles of Incorporation of

GEORETARY OF STATE TALLAHASSEE, FL

	of	•	TALLAHASSEE.
· · · · · · · · · · · · · · · · · · ·	FLOORING AND JANITO		
(Name	of Corporation as current	ly filed with the Florida Dep	ot. of State)
	P12000062	547	
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts 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 cont "Corp.," "inc.," or Co.," or the design word "chantered," "professional associa	ation "Corp." "Inc." or "	Co". A professional corpor	proted" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A.S.			
		- <del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>	Jor registered office address	ess in Florida, enter the nan	ne of the
new registered agent and/or the new	N/A		
Name of New Registered Agent	1970		· · · · · · · · · · · · · · · · · · ·
	(Florida stre	eel address)	
New Registered Office Address:		<del>-</del>	, Florida
	I	(Ciny)	(Zip Code)
New Registered Agent's Signature, if ch	anging Pagistavad Agants		
hereby accept the appointment as registe	red agent. I am familiar w	rith and accept the obligation.	s of the position.
		•	•
	Stouaters of Mr. P.		
	Signalure oj New Ki	egistered Agent, if changing	

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. Thase should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add, Example:

X_Change	PI	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$Y</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1)Change	D	MIGUEL A RODRIGUEZ GIL	2310 NW 103 STREET	
XAdd			MIAMI FL 33147	
2) Change	D	JOSHUA DIMITRI TORO	814 NW 25 AVE	
X Add		•	MIAMI FL 33125	
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change	<del></del> .			
Add			<del>* · · · · · · · · · · · · · · · · · · ·</del>	
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
<del>-</del>	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, Indicate N/A)	adment if not contained in the amendment itself:
N/A	

	08/23/2018	
The date of each amendment(s) a date this document was signed.	doption:	_ if other than the
Effective date if applicable:		
	(no more than 90 days after amendment filo date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory fifing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/23/2018		
Dated		
<u>.</u>		
Signature	irector, preskumt or other officer - if directors or officers have not been	
selected	d, by an incorporator — if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	MARCOS A MEZA VARELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	