P12000063712

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: XIOMARA MULTIPLE SERVICES, INC. DOCUMENT NUMBER: P12000063712 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAULA SILVA Name of Contact Person Firm/Company 20932 S.W. 118 AVE. Address MIAMI, FL. 33177 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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XION	ARA MULTIPLE SERVICES.	TNC	CLID PAI	
(Name of Corporation as	currently filed with the Florida Dept. of	State) Selling	TARY OF ST	TATE
	P12000063712	ZA LLAS	HASSEE. FLO	DRIDA
(Documen	t Number of Corporation (if known)		•	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i> (<i>Corporation</i> adop	ts the following	g amendment(s)
. If amending name, enter the new na	me of the corporation:			
				The new
	ain the word "corporation," "company, ation "Corp," "Inc," or "Co". A profes ion," or the abbreviation "P.A."			
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>	f applicable: TREET ADDRESS)			
	·			
C. Enter new mailing address, if applia				
(Mutting address MAT BE A POST C	PERICE BUX			
			· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent an	d/or registered office address in Florida,	enter the name	of the	
new registered agent and/or the nev	registered office address:			
Name of New Registered Agent	PAULA SILVA			
	20932 S.W. 118 AVE.			
	(Florida street address) MIAMI			
New Registered Office Address:	MIAMI	, Florida	33177	
	(City)		(Zip Code)	
N B 14 14 4 6 4 15 1	. 5 . 6			
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		the obligations o	f the position.	
Hai	A Allen	, , , , , , , , , , , , , , , , , , ,	•	
Six	nature of New Registered Agent, if changi	ng		

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	<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>Name</u>	<u>Addres</u> s
1) Change	DP	PAULA SILVA	20932 SW 118 AVE
XAdd			MIAMI, FL 33177
Remove			
2) Change	DP	XIOMARA SILVA	209 s.W. 118 AVE
Add			MIAMI, FL. 33177
X Remove			
3) Change			
Add			
Remove			
4) Change			····
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			



in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		r adding addition nal sheets, if neces	ssary). (Be	specific)			
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	(if not ap	plicable, indicate	N/A)				<u>-</u>
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting 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.	
Dated	
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)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

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