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COVER LETTER

COVER LETTER	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Cortes General Services Tre.	
DOCUMENT NUMBER: \$\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
The enclosed Articles of Amendment and fee are submitted for filing.	ı
Please return all correspondence concerning this matter to the following:	1
Herran Contess Name of Contact Person	!
Name of Contact Person	
Cortes General Services Ix.	
Firm/ Company	
27326 Breakers Drive	
Address	
Wesley Chapel House 33544 City/ State and Zip Code	
City/ State and Zip Code	1
Cortesservice @ yahoo.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hernan Cortes 813, 455-5031	
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 Certificate of Status Certified Copy (Additional copy is Certified Copy	
enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section	
Division of Corporations Division of Corporations Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O.:Box·6327

Tallahassee, FL 32314

Articles of Amendment to

	to	
	Articles of Incorporation	6/1.
Cortes Gen	eral Servicas I	The.
(Name of Cor	rporation as currently filed with the Florida	
P 12	0000 72942	
——————————————————————————————————————	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporate	ion adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional co or the abbreviation "P.A."	corporated or the aboreviation or poration name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
<u> </u>	<u></u>	
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
	,	
D. If amending the registered agent and/or r		e name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	\	Elevida
New Registered Office Address.	(City)	, Florida(Zip Code)
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Agent's Signature, if changi	ng Registered Agent:	
I hereby accept the appointment as registered of	agent. I am familiar with and accept the oblig	gations of the position.
	Gianata GNan Daniel La Colo	
	Signature of New Registered Agent, if chang	ging

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)

Remove

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>		Address	
1) 1 Change	Presid	lent)	Herman	Cortes	27326 Breaker Driv Wesley Chapel, FP.	e
Add					Desley Chapel, FP.	
Remove					33544	
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change	<u></u>					
Add						

litional Articles, enter change(s) here: necessary). (Be specific)
for an exchange, reclassification, or cancellation of issued shares,
ing the amendment if not contained in the amendment itself:
`

i ne ozie di esch sinendmen(5) st	option: July 12,	2016	, if other than
date this document was signed.	3		
Effective date <u>if applicable</u> :	(no more than 90 days after		
	(no more man 90 aays ajier	amenameni jile aale)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutor partment of State's records.	ry filing requirements, th	is date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vificient for approval.	votes cast for the amenda	nent(s)
	roved by the shareholders through voting geach voting group entitled to vote separat		
	for the amendment(s) was/were sufficient		
by Heiran Gorles	(voting group) Herrow (, ,	
08/32/34F4304CA	(voling group) HEX 1265	Ortes	
The amendment(s) was/were add action was not required.	pted by the board of directors without sha	reholder action and share	holder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareho	lder action and shar c hold	er
action was not required. 7/12/2	016	lder action and sharehold	er
action was not required.	016	lder action and sharehold	er
action was not required. 7/12/2 Dated	016 ISIgned by:		
Dated Signature Signature	016 psigned by: ハン Cマンシュ provided against or other officer — if direction of the control of	ctors or officers have not	b ee n
Dated Signature By a description of selected.	016	ctors or officers have not	b ee n
Dated Signature By a description of selected.	olfour officer – if directly of an incorporator – if in the hands of a ted fiduciary by that fiduciary)	ctors or officers have not receiver, trustee, or othe	b ee n
Dated Signature By a description of selected.	1919 old object of the state o	ctors or officers have not receiver, trustee, or othe	b ee n
Dated Signature By a description of selected.	olfour officer – if directly of an incorporator – if in the hands of a ted fiduciary by that fiduciary)	ctors or officers have not receiver, trustee, or other control of the control of	b ee n