# P12000085421

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Amend

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T. LEWIS

EI ODIDA	DEDADTMENT	OF	STATE

Nº 302117

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RECEIVED FROM	Elienne	Joseph		13-2012
the sum of Facty	Five-AND-00/1	⊘. <del></del> Dollars	\$ 4500	)
For the following:	Five-AND-00/10 ARticle OF	- AMENDME	I Filix	<b>&amp;</b>
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el . L				r Secretary of State

### THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LEHIGHTATE MULTI SERVICES INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elienne Soeph
Name of Contact Person Lehigh TAT & MULTI Services Two. 1505 Elaine AVE
Address Lelligh Acres, FL 33971 City/ State and Zip Code Josephelienne W Yahoo-com

mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 465 - 2649 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

## FILED

	of		2012 NOV 14	PM 3: 48
LEIGH TAX	of  F S MULL, SERVICE  ently filed with the Florida Dept. of	S INC	SECHETARY	UF SINTE
(Name of Corporation as curr	ently filed with the Florida Dept. of	State)	TALLAHASSE	E. FLORIDA
P1200009	15421			
(Document Nur	mber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit C	Corporation add	opts the following a	mendment(s) to
A. If amending name, enter the new name o	f the corporation:			
			T	he new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profess			
B. Enter new principal office address, if app	aliaabla.	/ /		
(Principal office address MUST BE A STREET		1//	M	
·	· · · · · · · · · · · · · · · · · · ·	101	, tt	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				
(Mutting unit cos MAT BL AT OST OFF)		A I		
	<u></u>	4/D	<del></del>	
	<del></del>	_		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the nam	e of the	
now registered agent and or the new reg	7   N			
Name of New Registered Agent				
	·			
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if change		tha abli	of the position	
I hereby accept the appointment as registered		ine obligations	oj ine position.	
1/10	re of New Registered Agent, if changing			
Signatu	re of New Registered Agent, if changir	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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Jean Joseph	1505 Elgine Ave
Add			Letign Acres, FL
Remove			33971
2) Change	<u> VP</u>	SABIGNYNN Juseph	1505 Elaine AVE
_X_ Add			Lehigh Acres, FC
Remove			33971
3) Change		<del></del>	
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
,	\ \ \ \
	<del></del>
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	(
<u> </u>	
1	

The date of each amendment(s) adoption: $11/7/2012$
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)
(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 11/7/2012
Signature Flienne Toseph  (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)
Elienne Soseph (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)