P13000018495

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



100344027911

05/12/20--01006--009 **35.00

RECEIVED

MAY 1 1 2020

SHURLIARY OF STATE STUDY OF CORPORATION

Guand

JUN 0 3 2020

D CUSHING

COVER LETTER

Division of Corporations
NAME OF CORPORATION: LUIS ALL Services Inc. DOCUMENT NUMBER: P13000018495
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person LUIS Ferrode Z Name of Contact Person Firm/ Company 1310 Lee S+ Address Address City/ state and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUIS Ferrordez at (786) 119 - 9596 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 S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee & S62.50 Fili

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Ι	11 of Sais (1000)
<u> </u>	s currently filed with the Florida Dept. of State
(Name of Corporation as	S currently fried with the Florida Dept. or State
P J S C	Number of Corporation (if known)
·	and the second s
ursuant to the provisions of section 607,1006, Florida Stat s Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendr
. If amending name, enter the new name of the corpor	oration:
N/A	The no
ame must be distinguishable and contain the word "corpor Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviati B. Enter new principal office address, if applicable:	ration," "company," or "incorporated" or the abbreviation "Corp. "Co". A professional corporation name must contain the wo ion "P.A." N/A
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SSS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered of new registered agent and/or the new registered offic Name of New Registered Agent	
	(Florida street address)
Naw Paristarad Office Address	Florida
New Registered Office Address:	, Florida, (City) (Zip Code)
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.
	e of New Registered Agent, if changing
Signature	e of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e) FS

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 = Chie, 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> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sally</u>	/ Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	:
1) Change	S	Yuniar S	xxxxx Aguilar	1310 Lee St FOXT HYOS FLE
Add				FOX MYCS F13
Remove 2) Change	S	Elio Rod	riquez Iraok	2 1310 Lees
X Add				<u>fort Myers,</u>
Remove Change				
Remove				
4) Change				
Add				
Remove				
5) Change				
Remove			- ··	
6) Change				
Add				
Remove				

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued	chara
provisions for implementing the amendment if not contained in the amendment itse	If:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: HOY 8 2020 if other than
date this document was signed.
Effective date if applicable: (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 will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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"
(vơting group)
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)
Registered Agent / President (Title of Gerson signing)

the

the