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CHAISION OF CORP 16 (A)

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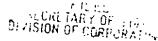
TO: Amendment Section Division of Corporations

3110 JUL 26 MII: 18

NAME OF CORPORATION: $AQCPC$ DOCUMENT NUMBER: $PI300C$	bol Services, INC
DOCUMENT NUMBER: P13000	00 23 475
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Yeximai	Name of Contact Person
	Firm/ Company
17901 NW 1	St Apto 109 Address PINES TZ 330 28 City/ State and Zip Code
Pembroke	Pines 77 33028
	City/ State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	ee call:
MAIGUEL Jiste	at (954) 955 7089.
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 & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3} \f
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Valiabresee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation



	$\overline{}$, o	ſ	21.101011 ()	S-UMPORATION
AWC 1	00/ 3	Ser VICES	INC		6 AM 11: 16
	(Name of	Corporation as current	ty filed with the Flo	rida Dept. of State)	• •
P/30	000 2	3475			
		(Document Number of	of Corporation (if kno	own)	
Pursuant to the provisions of the Articles of Incorporation		006, Florida Statutes, this	s Florida Profit Corp	oration adopts the follow	ving amendment(s) to
A. If amending name, ent	er the new nar	ne of the corporation:			
					The new
name must be distinguish "Corp.," "Inc.," or Co.," word "chartered," "profes.	or the designa	tion "Corp," "Inc," or	"Co". A profession	"incorporated" or the al corporation name mu	abbreviation st contain the
B. <u>Enter new principal of</u> (Principal office address <u>M</u>	Tice address, if IUST BE A ST	[applicable: REET ADDRESS			
					
C. Enter new mailing ad (Mailing address <u>MAY</u>					
					
D. If amending the regist	ered agent and	l/or registered office add	dress in Florida, ent	er the name of the	
		registered office addres			
Name of New Reg	istered Agent	YENIMAI	2 SUAR	ez.	
		1290/41 (Florida s	U IST Ap	10109	
		2 - 1-0/4	2:00	·	33078.
New Registered O	ffice Address:	Pembroke 1	Civi	, Florida <u>*</u>	10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
			(Cujy	12	up come,
New Registered Agent's S	Signature, if ch	anging Registered Agen	ıt:		
I hereby accept the appoin				obligations of the positio	n.
		CHO	el		
		Signature of New	Registered Agent, if		

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.

Mike Jones, v as Kemove	, ana sai	iy Smini, Sv us un Auu.	
Example: 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) 1) Change Add	Title	Name NAIGUEL State 1	Address 12901 NW 1st Apto 109 1mbroke Pines, FC 3302
Remove 2) Change Add	P	Jenimar Svarez	12901 NW 1st Apto 10 Pemboke Pine; Fz 330.
Remove 3) Change Add		<u> </u>	
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

	Attach additional sheets, if necessary). (Be specific)				
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an amendment pr	ovides for an exch	hange, reclassificat	<u>tion, or cancellat</u>	ion of issued sha	Les.
mariatana fan'imal	ementing the ame	ndment if not con-	tained in the amo	ndment itself:	
<u>r ovišions tor imbi</u>	le, indicate N/A)				
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The date of each amendment(s) a	option:, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more man so days after americanent file date)
Note: If the date inserted in this locument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK QNE</u>)
The amendment(s) was/were adby the shareholders was/were st	pted by the shareholders. The number of votes cast for the amendment(s) tricient for approval.
The amendment(s) was/were ap must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
· —	(voting group)
☐ The amendment(s) was/were ad action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	pted by the incorporators without shareholder action and shareholder
Dated <u>のラ</u> /	24/18
Signature	Bleek .
(By a	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
аррон	ted fiduciary by that fiduciary)
	Venimar Suare 2 (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President.
	(Title of person signing)