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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : AMBAR DIAZ, P.A. Account Number : I20110000016

Actount Number : Phone :

: (305)476-8100

Fax Number

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Email Address: apadilla@servicismia.com.

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SERVICESMIA CORP

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SEP 1 5 2015

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

| Division of Corporat          | tions   |   |  |
|-------------------------------|---|---|--|
| NAME OF CORPORAT              | IION: SERVICESMIA C   | ORP   |  |
| DOCUMENT NUMBER               |   |   |  |
| The enclosed Articles of      | Amendment and fee are su  | bmitted for filing.   |  |
| Please return all correspon   | ndence concerning this ma                                       | tter to the following:  |  |
| ON                            | MAR MORALES LUENG   | O   |  |
| ,                             |   | Name of Contact Person  |  |
| SE                            | RVICESMIA CORP  |   |  |
|                               |   | Firm/ Company   |  |
| 80-                           | 40 NW 95TH STREET, ST   | JTTE #342   |  |
| _                             |   | Address   |  |
| н                             | ALEAH GARDENS, FL 3   | 3016  |  |
| _                             |   | City/ State and Zip Code  | ;  |
| anadilla@                     | Qservicesmia.com  |   |  |
|                               | •   | ed for future annual report   | notification)  |
|                               | •   | •   | ŕ  |
| For further information co    | encerning this matter, pleas                                    | e call:   | *  |
| OMAR MORALES LUE              | INGO  | at ( <sup>786</sup>   | 374-6933   |
| Name of C                     | Contact Person  | Area Coo  | le & Daytime Telephone Number  |
| Enclosed is a check for th    | e following amount made [                                       | payable to the Florida Depa   | rtment of State:   |
| □ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status                     | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amenda<br>Division<br>P.O. Bo | e Address ment Section n of Corporations ox 6327 ssee, FL 32314 | Amend:<br>Division<br>Clifton<br>2661 E                                     | Address ment Section n of Corporations Building tecutive Center Circle                 |

## Articles of Amendment to Articles of Incorporation of

| (Name  | of Corporation as currer    | ntly filed with the Florida Dept. of State)  |   |            |
|--|-----------------------------|--|---|------------|
| P13000040324   |                             |  |   |            |
|  | (Document Number            | of Corporation (if known)  |   |            |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, thi | is Florida Profit Corporation adopts the follo   | wing amendn                                   | nent(s) to |
| A. If amending name, enter the new m   | une of the corporation:     |  |   |            |
| NO CHANGES   |                             |  | The ne  | w          |
|  | ation "Corp," "Inc," or     | tion," "company," or "incorporated" or th<br>"Co". A professional corporation name m<br>1 "P.A." | e abbreviatio                                 | n<br>1     |
| B. Enter new principal office address, if applicable:  |                             |  |   |            |
| (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                             | SUITE #342   | - n-  | a 4        |
|  |                             | HIALEAH GARDENS, FL 33016  | 3 μπ. ζ.;<br>« · · · π.»<br>• · · · . ζ. • ξ. | 497        |
|  |                             | 8040 NW 95TH STREET  |   | SEP II     |
|  |                             | SUITE #342   | 14-K  | —C)        |
|  |                             | HIALEAH GARDENS, FL 33016  |   | ::<br>::   |
| D. If amending the registered agent an<br>new registered agent and/or the new  |                             | dress in Florida, enter the name of the  | # 21<br>= = = = = = = = = = = = = = = = = = = | (D)        |
| Name of New Registered Agent   | NO CHANGES                  | )ES  |   |            |
|  |                             |  | <del></del>                                   |            |
|  | (Florida                    | street address)  |   | *          |
| New Registered Office Address:   | NO CHANGES                  | . Florida  |   |            |
| new keyisierea Uince Adaress:  |                             |  | Zip Code)                                     |            |

Example:

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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.

| X Change                      | PT John De   | <u>oe</u>                             |         |
|-------------------------------|--------------|---------------------------------------|---------|
| X Remove                      | V Mike Jo    | omes.                                 |         |
| X Add                         | SV Sally Si  | <u>mith</u>                           |         |
| Type of Action<br>(Check One) | <u>Title</u> | Name                                  | Address |
| 1) Change                     |              |                                       |         |
| Add                           |              |                                       |         |
| Remove                        |              |                                       |         |
| 2) Change                     | <del></del>  |                                       |         |
| Add                           |              |                                       |         |
| Remove                        |              |                                       |         |
| 3) Change                     |              |                                       |         |
| Add                           |              |                                       |         |
| Remove                        |              |                                       |         |
|                               |              |                                       |         |
| 4) Change                     |              |                                       |         |
| Add                           |              |                                       |         |
|                               |              |                                       |         |
| 5) Change                     |              |                                       |         |
| Add                           |              |                                       |         |
| Remove                        |              |                                       |         |
| 6) Change                     |              |                                       |         |
| Add                           |              | · · · · · · · · · · · · · · · · · · · |         |
| Remove                        |              |                                       |         |
|                               |              |                                       |         |

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|  | (Be specific)  |
|--|--|
| CHANGES  |  |
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|  |  |
| V/   | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame                                      |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |  |

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|--|-------------------------|
|  | if other than the       |
| 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 document's effective date on the Department of State's records.                        | Il not be listed as the |
| 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.   |                         |
| SEPTEMBER 9TH, 2016  |                         |
| Dated  |                         |
| ( Disse  |                         |
| 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)   |                         |
| OMAR MORALES LUENGO  |                         |
| (Typed or printed name of person signing)  | <del></del>             |
| PRESIDENT  |                         |
| (Title of person signing)  | <del></del>             |