P13000045666

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13 SEP 27 PH 1: 06
SECRETARY OF STATE

C. LEWIS

OCT 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporation		••		
NAME OF CORPORA DOCUMENT NUMBER	Dian	n Mainter	rance luc	
The enclosed Articles q	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	Emilion Yuem 3965 West Palm emilionidalga E-mail address: (to be us	Hedalgo Name of Contact Person Maintenan Firm/Company Pot O Go Address Beach FL City/State and Zip Cod ed for future annual report	ld 6t. 33406 .com	
For further information	concerning this matter, pleas	e call:		
Emilio	Hidalgo Contact Person	at (56)	574-6781 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	12543.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
	Box 6327 hassee, FL 32314		Building Executive Center Circle	
1 41141	440000, 11 02017	7001 E	vectorise center cuere	

2661 Executive Center Circle Tallahassee, FL 32301

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Articles	of Amendment	
, , ,	to	Oraș .
Articles o	of Incorporation	FILED
	of	
yuen 1	Paintenance	INSP. 27 PH 1:06
(Name of Corporation as currently filed with t	the Florida Dept. of State)	SECRETABLE
P1300000	45666	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
 "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviate. 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) 	3965 Pot	O Gold 5t. adh, FL 33406. D Gold 6t.
New Registered Office Address:	da street address), Florida	
((City)	(Zip Code)

New Register ed Agent's Signature, if changing Register ed Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions of the positions.

Signature of New Registered Agent, if changing

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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.

Mike Jones, V as Kemovi	e, ana Sa	illy Smith, SV as an Add.	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	7	Magros B. Prato	1540 Stonghaven Or
_X Add		_ <u>Pragros 10. Prato</u> Rodriguez	Apt 5
Remove		•	Boynton Exact, FL 33436.
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			44.00.13
δ)Change			
Add			
Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Pa macifia)
ruacu dudiuonai sneets, ij necessary).	(pe specific)

<u>If an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	9/21	2013	FILE Di other than	the
date this document was signed.			12 00-	
Effective date if applicable:	9/21	2013.	13 SEP 27 PM 1: 06	
(no more than 90 day	's after amendm	nent site doub CRETARY OF STATE ALLAHASSEE. FLORIDA	
Adoption of Amendment(s) (CHEC	CK ONE)			
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The num proval,	ber of votes cas	st for the amendment(s)	
☐ The amendment(s) was/were approved by the st must be separately provided for each voting gr				
"The number of votes cast for the amenda	nent(s) was/were suff	icient for appro	oval	
by	g group)			
(voting	g group)			
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors with	out shareholder	action and shareholder	
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without si	iareholder actio	on and shareholder	
Dated 09/21/13		-		
Signature (By director, preside selected, by an incorp appointed fiduciary by	orator - if in the han		officers have not been , trustee, or other court	
E	(Typed or printed	dalg o		
	Cryped or primed	i name or perso	ու ջոնսան)	
	(Title of	person signing)	