## P13000089423

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13 KOV 20 PH 12: 11

SECRUMARY OF STATE

NOV 2 6 2013 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION OF COMMENT NUM	D1200008042	SSIONAL SERV 3	ICES INC	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	ter to the following:		
	LINA S RUIZ			
		Name of Contact Persor	1	
		Firm/ Company		
	1022 NW 127 PA			
		Address	***************************************	
	MIAMI FL 33182	2		
		City/ State and Zip Code	3	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call:		
LINA S RUIZ	<u>7</u>	at ( 305	, 303-6905	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 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)	
Ma	iling Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
·		Tallahassee, FL 32301		

FILED SECRETARY OF STATE TALL: "11 ISPEL" ORIDA

Articles of Amendment to Articles of Incorporation of

13 NOV 20 PH 12: 11

LI PROFESSIONAL SERVICES INC	
(Name of Corporation as currently filed with	the Florida Dept. of State)
P13000089423	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ntion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(management)	
	<del></del>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	
Signature of New Regie	tered Agent, if changing

## 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	<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	VP	MARITZA COLLADA	1022 NW 127 PATH
Add			MIAMI FL 33182
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			<del></del>
6) Lange			
Add			
Damaya			

vuaen <i>aaainoi</i>	adding additional Article al sheets, if necessary). (			
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		<del></del>	·	
			· · · · · · · · · · · · · · · · · · ·	
<del></del>				
f an amendme	nt provides for an exchan	ge, reclassification	or cancellation of	issued shares,
(if not app	implementing the amendalicable, indicate N/A)	nent if not contain	ed in the amendme	nt itseii:
				*********
		-		
		· W. M	· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen date this document was signed	t(s) adoption: 11/15/2013	, if other than th
Effective date if applicable:	11/15/2013	
Elective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_11/	15/2013	
Dated		
Signature	Theren	
	By a difector, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court	
	ppointed (iduciary by that fiduciary)	
	LINA S RUIZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>