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OCT 1 5 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: APP	Chemical Services Inc
DOCUMENT NUMBER: P 13 t	Chemical Services Inc
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Alex	Joseph Name of Contact Person
	Name of Contact Person
	Chemical Services Inc
5527	NW 60 H4 DR Address
	Address
Cozal	Opening FL 33067 City/ State and Zip Code
	City/ State and Zip Code
Alex_ Joseph E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Name of Contact Person	at (954) 343 7874 Area Code & Daytime Telephone Númber
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

AP Chomical Services Inc	
(Name of Corporation as currently filed with the Florida Dept. of S	state)
13000 100 133	,
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	d" or the abbreviation
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)	70/5
D. If amending the registered agent and/or registered office address in Florida, enter the name of	Tthe 9
new registered agent and/or the new registered office address:	. 1.2
Name of New Registered Agent	
(Florida street addr.xs)	
·	ماليانيان
New Registered Office Address: Flo	orida (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	the position.
Signature of New Registered 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> <u>John</u>	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	<u> </u>	Rodney	Joseph	Coral Dring Fl 33067
Add		•		Coral Dring Fl 33067
Remove				
2) Change	P	alex 3	Toseph	5527 NW 60 HA DR
/_ Add				Cotal Juring Fl 33067
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				·
5) Change				
Add				
Remove				
6) Change				·
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	1
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		-
		
		· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of	issued shares.
(if not applicable, indicate N/A)	dment if not contained in the amendme	nt itself;
	· · · · · · · · · · · · · · · · · · ·	
···		

The date of each amendment(s) adoption:	9/1/19	, if ot	her than the
date this document was signed. Effective date if applicable:	09/01/2019	ndmant file data)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory fil-		listed as the
Adoption of Amendment(s) $(\underline{\mathbf{C}}$	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes approval.	cast for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the am-	endment(s) was/were sufficient for ap	pproval	
by	oting group)	·	
(v	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without sharehold	der action and shareholder	
The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder a	nction and shareholder	
Dated 09	25/7019		
Signature	esident or other officer – if directors of	1	
(By a director, pre	esident or other officer – if directors of	or officers have not been	
selected, by an in-	corporator – if in the hands of a recei	ver, trustee, or other court	
appointed fiducia	ry by that fiduciary)		
	Alex TosePh (Typed or printed name of person si		
	(Typed or printed name of person si	gning)	
	(Title of person signing)		
- -	(Title of person signing))	