

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet *

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160000091

Phone Fax Number : (305)635-9694 : (305)635-9868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MANZANAREZ GENERAL SERVICES CORP

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Electronic Filing Menu

Corporate Filing Menu

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SEP 28 2017

COVER	LETTER

TO: Amendment Section Division of Corpo			•	
NAME OF CORPOR	ATION: MANZANAREZ C	GENERAL SERVICES COR	LP	
DOCUMENT NUMB	ER: P13000100862			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.		
Please return all corresp	condence concerning this mat	ter to the following:		
<u>-</u>	IOSE A MANZANAREZ			
		Name of Contact Person		
i	MANZANAREZ GENERAL	SERVICES CORP		
-		Firm/ Company	-	
;	2081 NW 30 ST APT 2			
		Address		
	MIAMI, FL 33142			
		City/ State and Zip Code		
JJSER	VIGER@YAHOO.COM			
****	E-mail address: (to be us	ed for future annual report n	otification)	
For further information	concerning this matter, pleas	e call:		
JOSE A MANZANAR	EZ	at (⁷⁸⁶	343 9119 c & Daytime Telephone Number	
Name o	f 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is chelosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame: Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassec, FL 32314	Division Clifton F 2661 Ex	nent Section of Corporations	

09-27-17;11:01 ;From:Servic	center	Ta:8506176380	;3056359863	#. 3/
			FILE(J ,
		es of Amendment to of Incorporation	2017 SEP 27	
MANZANAREZ GENERAL SERVICE	ES CORP	of , ,	S A TOUR	. FEGRICA
(Name	of Corporation as cu	arrently filed with the Florid	a Dente of State)	
P13000100862				
	(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statute	s, this Florida Profit Corpora	tion adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporati	on:		
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associal. B. Enter new principal office address. (Principal office address MUST BE A S	nation "Corp," "Inc, ation," or the abbrevi	" or "Co". A professional cation "P.A." N/A	ncorporatea or the abl	oreviation ontain the
C. Enter new mailing address, if appl	icable:	N/A		
(Mailing address <u>MAY BE A POST</u>				
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered offic	e address in Florida, enter t	he name of the	
Name of New Registered Agent	N/A	uditess.		
	(Flo	rida street address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Co	vde)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered tered agent. I um fan	Agent: niliar with and accept the obli	gutions of the position.	
	Signature of	New Pagistarad Apont : Cabo		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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

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,

:3056359868

111100000

(Attach additional sheets, if necessary)

address of each Officer and/or Director being added:

held. President, Treasurer, Director would be PTD.

Please note the officer/director title by the first letter of the office title:

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV aş an Add.	
X Change	PT	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	DORIS MEDINA	1111 SW 4 ST APT 4
Add			MIAMI, FL 33130
X Remove			
2) X Change	<u>P</u>	JOSE A MANZANREZ	2081 NW 30 ST APT 2
Add			MIAMI, FL 33142
Remove			
3)Change		<u> </u>	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		····	
Add			
Remove			·

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	>	
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f an amendment provides for an excl	lange, reclassification, or cor	occiletion of issued shares	
provisions for implementing the ame	nange, reclassification, or can inducent if not contained in th	ecliation of issued shares, to amendment itself;	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or can endment if not contained in th	cellation of issued shares, o amendment itself;	
(if not applicable, indicate N/A)	hange, reclassification, or can endment if not contained in th	ecliation of issued shares, a mendment itself;	
cif not applicable, indicate N/A)	nange, reclassification, or can indment if not contained in th	eculation of issued shares, to amendment itself;	
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or can endment if not contained in the	ecollation of issued shares, see amendment itself:	

09-27-17;11:01 ;From	n:Servicenter	To:8506176380	;3056359868	_ # 6/ 6 _
The date of each amendment(2017		if other than the
date this document was signed.	07/24/2017			
Effective date <u>if applicable</u> :		o more than 90 days after amendment	file date)	
•				
Note: If the date inserted in the document's effective date on the	nis block does not n e Department of Stat	neet the applicable statutory filing requests records.	irements, this date will no	t be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/were by the shareholders was/were		reholders. The number of votes cast for oval.	the amendment(s)	
		archolders through voting groups. The oup entitled to vote separately on the an		
•		ent(s) was/were sufficient for approval		
by	<u> </u>		17	
	(voting	group)		
☐ The amendment(s) was/were action was not required.	adopted by the boar	rd of directors without shareholder acti-	on and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the inco	prporators without shareholder action as	nd shareholder	
07/24/	2017			
Dated	A			
Signature	Mark S			
المتعر		nt or other officer – if directors or office rator – if in the hands of a receiver, trus that fiduciary)		
(DORIS MEDI	N۸		
	(Tyr,	ped or printed name of person signing)		
	PRESIDENT			
		(Title of person signing)		

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