## P/4000001433

(Re	equestor's Name)	
(Ac	idress)	<u></u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLOWING

FFR 17 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: ATENEA	SERVICE INC	<u> </u>
DOCUMENT NUMBER: P140000014	433	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LUIS R. SMITH		
JESSEL INVES	Name of Contact Person	
	Firm/ Company	
11402 NW 418	ST STREET S	UITE 211
	Address	
DORAL FL 33	3178	
	City/ State and Zip Code	<del>-</del>
LM.JESSEL@GM	IAII COM	
	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
LUIS R. SMITH	305	4702429
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		ment Section on of Corporations
=	2.71010	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

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## ATENEA SERVICE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

P14000001433

SECRETARY OF STATE JALLAHASSEE, FLORIDA

nent(s) to

A. If amending name, enter the new name of	the cornoration.	
T amending name; enter the new name of	the corporation.	
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," or	e word "corporation," "company," or "incorporated" "Corp," "Inc," or "Co". A professional corporation no or the abbreviation "P.A."	The or the abbrevi ame must contai
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or re new registered agent and/or the new regis	egistered office address in Florida, enter the name of th	  1 <u>e</u>
	egistered office address in Florida, enter the name of th	<u></u>
new registered agent and/or the new regis	egistered office address in Florida, enter the name of th	ne
new registered agent and/or the new regis	egistered office address in Florida, enter the name of the stered office address:  (Florida street address)	
new registered agent and/or the new regis  Name of New Registered Agent	egistered office address in Florida, enter the name of the stered office address:  (Florida street address)	p Code)

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)	Title	Name	<u>Addres</u> s
1) Change	Р	ANA MARIA PLAZA	11200 NW 84TH STREET
Add			DORAL FL 33178
Remove			
2) Change		_	
Add Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add		<u> </u>	
Remove			
6) Change		<u> </u>	
Add			
Remove			

	ng additional Artests, if necessary).				
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<del></del>					
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				# H	
	ovides for an exc	hange, reclassit	fication, or canc	ellation of issued :	shares,
n amendment pr		andmont if not	contained in the	amendment itself	<u>:</u>
ovisions for imple	ementing the amo	enument ii not i			
ovisions for imple	ementing the ame le, indicate N/A)	enument ii not			
ovisions for impl	ementing the amele, indicate N/A)	enument if not			
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ovisions for impl	ementing the amile, indicate N/A)	enument ii noi			
in amendment provisions for imple (if not applicabl	ementing the am.	enument ii not			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Effective date <u>n applicable</u> .	(no more than 90 days after amendment file date)	<b>-</b>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_02/07/20		
Signature	Am Jan's //07a	_
	rector, president or other of orer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	ANA MARIA PLAZA	
-	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

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