## P14000 15588

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: E-Rod Services Corp DOCUMENT NUMBER: P14000015588 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Enrique O Rodriguez Name of Contact Person Firm/ Company 3835 W 9 Way Address Hialeah, FL 33012 City/ State and Zip Code lasurena@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 ) 376-1359

Area Code & Daytime Telephone Number Enrique O Rodriguez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

E-ROD SERVICES CORP

(Name of Cor	poration as currently	filed with the Florida Dept. of State)		
P14000015588				
(	Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adopts the follow	wing amendi	ment(s) to
A. If amending name, enter the new name of	the corporation:			
"none"			The n	ew
name must be distinguishable and contain the "Corp." "Inc." or Co" or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corporation name mi		
B. Enter new principal office address, if app. (Principal office address MUST BE A STREE		"none"	<u> </u>	_
			15	141 38
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		"none"	HAY	CRETAR LAFASS
			<u>P</u> သ	10 10 A
D. If amending the registered agent and/or r new registered agent and/or the new regis		ss in Florida, enter the name of the	00	ATE RIDA
Name of New Registered Agent "none	e"			
	(Florida stree	u address)		
New Registered Office Address:		, Florida		_
	(0	City) (2	Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent:		,	
<del></del>	Signature of New Re	gistered 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.

X Change	<u>PT</u> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	Officer	Joan Calderon Milanes	201 189 Street	
X Add			Sunny Isles, FL 33160	
Remove			<del></del>	,
2) Change	Officer	Cristian Hernandez	19014 NW 54 Place	
X Add			Opa Locka, FL 33055	
Remove				SEC
3 ) Change			X 2 3	
Add			<u> </u>	
Remove			PH 3:	프유·
4) Change			000	TATE ORIDA
Add				
Remove				,
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)	
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	

The date of each according to 400.	May 11, 2015	26 41 41
The date of each amendment(s) date this document was signed.	adoption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	→ ₹s
	st for the amendment(s) was/were sufficient for approval	ECKI
by	(voting group)	CRETARY LAHASSI
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	OF STATE EE.FLORID/ PM 3: 00
☐ The amendment(s) was/were an action was not required.	dopted by the incorporators without shareholder action and shareholder	00 SIDA
05/11/20 Dated	15	
Signature	Sels	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Enrique O Rodriguez	
	(Typed or printed name of person signing)	· <del></del>
	President	
	(Title of person signing)	<del></del>