## P14000627166

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SECRETARY OF STATE ALLAHASSEE, FLORIDA



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	rion: NAVDA SE	RVICES INC.		
DOCUMENT NUMBER	R: P1400002716	6		
	Amendment and fee are sul			
Please return all correspo	ndence concerning this mat	tter to the following:		
R	AUL ANDRADE	<u> </u>		
	IAVDA SERVICI	Name of Contact Persor ES INC.	)	
<del></del>		Firm/ Company		
2	775 TAFT ST U	NIT 101		
		Address		
F	IOLLYWOOD FI	33020		
<u></u>		City/ State and Zip Code	e	
RAR	AAN84@HOTM	All COM		
		sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
RAUL ANDRADE		at (786_	, 508-4749	
Name of	Contact Person			
Enclosed is a check for the	ne 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of		
NAVDA SERVIES INC  (Name of Corporation as currently filed with the F	lorida Dant of Stata)	
P1400027166	torida Dept. of State)	
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:		
	The new	w
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain th	
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)	2775 TAFT ST #101	
(	HOLLYWOOD FL 33020	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent RAUL ANDRAD	E	
2775 TAFT ST	UNIT 101	
New Registered Office Address: HOLLYWOOD I	, riorida	
(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. Transfamiliar Signature of New Registered	with and accept the obligations of the position.	AND FILED

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	<u>Name</u>	<u>Addres</u> s
1) Change	Р	RAUL RAMOS	17011 N BAY RD UNIT 602
Add			SUNNY ISLES FL 33160
Remove			
2) Change	Р	RAUL ANDRADE	2775 TAFT ST #101
Add			HOLLYWOOD FL 33020
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del>-</del> -

If amending or adding additional A Attach additional sheets, if necessary	v). (Be specific)			
			······································	
				<del> </del>
	<del></del>			
	<u> </u>			
		<u> </u>	<u></u> .	
If an amandment provides for an a	vokansa vaalassifias	tion or consultati	an afiagued shapes	
If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A)	<u>imendment if not cor</u>	tained in the ame	ndment itself:	1
				-
	<u>-                                      </u>			

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	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	for the amendment(s) was/were sufficient for approval	
by		
	(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 9/8/14		
Signature	Rudrade	<u> </u>
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Raul Andrade	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	