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(Re	equestor's Name)	
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DEC 02 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EXECELENCE S	TAFFING CORP		
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:	•	
		JESUS R FONSECA		
_		Name of Contact Person	n	
-		Firm/ Company		
664 EAST 25 STREET SUITE 102 UNIT B				
Address				
HIALEAH, FL 33013			 	
		City/ State and Zip Cod	e	
		JESUSRFONSECA@YA	THOO.COM	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JESUS R FONSECA		786 at (de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the 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		Ameno Divisio	Address dment Section on of Corporations Building	

Articles of Amendment to Articles of Incorporation of

EXECELENCE STAFFING CORP

(<u>Name c</u>	of Corporation as current	tly filed with the Florida Dept. of Sta	<u>ate</u>)	
	P140000	143483		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	ne following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation ne	or the abbreviatio	e ∴ UI
B. Enter new principal office address, if applicable:		664 EAST 25 STREET		က်
(Principal office address <u>MUST BE A S</u>		SUITE 102-UNIT B		
		HIALEAH, FL 33013		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		664 EAST 25 STREET		
		SUITE 102-UNIT B		
		HIALEAH, FL 33013		
D. If amending the registered agent an			<u>1e</u>	
new registered agent and/or the nev		<u>ss:</u>		
Name of New Registered Agent	JESUS R FONSECA			
	19501 WEST OAKMOMNT DRIVE			
	(Florida s	treet address)		
New Registered Office Address:	MIAMI	, Floric	33015 da	
		(City)	(Zip Code)	
New Registered Agent's Signature, if classifier the Agent's Agent as regist			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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	LILIAN CHACON	4960 NW 187 ST
Add			MIAMI
X Remove			FL, 33055
2) Change	PT	JESUS R FONSECA	19501 WEST OAKMONT
X Add			DRIVE, MIAMI FL 33015
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

(Attach ac	<mark>ing or adding additional</mark> Iditional sheets, if necessa	<u>Articles, enter char</u> ry). (Be specific)	ige(s) nere:		
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If an amo	endment provides for an ns for implementing the	exchange, reclassifi	cation, or cancella	tion of issued shares,	
(if n	ot applicable, indicate N/.	<u>4)</u> 4)	ontained in the am	ienament usen:	
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedSignature	_
(By/a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Lilian Chacon	
(Typed or printed name of person signing)	
President	
(Title of person signing)	