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(Re	equestor's Name)	
(Ād	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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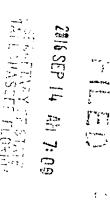
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SEP 1 9 2015 C. CARROTHERS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: A/C FLORIDA SE	ERVICES CORP	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANTONIA M BATISTA		
		Name of Contact Person	n
	A/C FLORIDA SERVICES	CORP	
•		Firm/ Company	
	P.O. BOX 8124	. ,	
•		Address	
	CORAL SPRINGS, FL 3307	75	
•		City/ State and Zip Cod	e
PALC	ROSA60@YAHOO.COM		
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANTONIA BATISTA		954 at (558-5211
Name o	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		Street Address	
	ndment Section sion of Corporations		Iment Section
	Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the F	lorida Dept. of State)
4000053911		
(Document I	Number of Corporation (if k	(nown)
rsuant to the provisions of section 607.1006, Florida Stat Articles of Incorporation:	tutes, this <i>Florida Profit Co</i>	erporation adopts the following amendment(s) t
If amending name, enter the new name of the corpor	ration:	
		The new
me must be distinguishable and contain the word "corp.," "Inc.," or Co .," or the designation "Corp," "I ord "chartered," "professional a ssociation," or the abbr	nc," or "Co". A profession	
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRES</u>	<u></u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mauing address MAI BE A POST OFFICE BOX)		
	-	
If amending the registered agent and/or registered o	Mas address in Florida as	ntow the manus of the
new registered agent and/or the new registered office		ater the name of the
Name of New Registered Agent		
Nume of New Negistereu Agem		
	Florida street address)	
	To read on the call the control of	
New Registered Office Address:	(City)	, Florida (Zip Code)
·	. (City)	(Zip Code)
w Registered Agent's Signature, if changing Register	ed Agent:	
ereby accept the appointment as registered agent. I am		a alli-at

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.

<u>X</u> 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	VT	AMILCAR MATUTE	P.O. BOX 8124
X Add			CORAL SPRINGS, FL 33075
Remove			
2) Change	vs	ALEXEIS D MATUTE	P.O. BOX 8124
X Add			CORAL SPRINGS, FL 33075
Remove			-1
3) Change			
Add			57 -
Remove			
4) Change	<u> </u>		TATE
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary). (Be	e specific)	<u>iere</u> :		
-					
				······································	
					
an amendment p	avides for an evchange	a reclassification	or concellation of	icenad shares	
provisions for imp	ovides for an exchange lementing the amendm	e, reclassification, ent if not contains	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for imp	rovides for an exchange lementing the amendm le, indicate N/A)	e, reclassification, lent if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for imp	lementing the amendm	e, reclassification, ent if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for imp	lementing the amendm	e, reclassification, lent if not contain	or <u>cancellation of</u> ed in the amendme	issued shares, nt itself:	
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provisions for imp	lementing the amendm	e, reclassification, lent if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for imp	lementing the amendm	e, reclassification. lent if not contain	or cancellation of	issued shares, nt itself:	

	SEPTEMBER 1, 2016	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
SEPTEMBE	R 1, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendmen for approval.	t(s)
	y the shareholders through voting groups. The following stater ting group entitled to vote separately on the amendment(s):	nen!
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
SEPTEMBER 8, 20 Dated	016	
	President or other officer – if directors or officers have not bee	
	incorporator - if in the hands of a receiver, trustee, or other consiary by that fiduciary)	urt
ANTO	NIA BATISTA	
· -	(Typed or printed name of person signing)	
PRESI	DENT ABOUT	
	(Title of person signing)	