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SECRETARY OF STATE
TALL AHASSEE, PLORIDA

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations				
NAME OF CORPORATION: F & E MULTISECVICES COVP. DOCUMENT NUMBER: P14W00555364.				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Feliberto Perez Hernardos Name of Contact Person FEE Multi-Services Firm/ Company 10515 NW 30 ave Address Miami FL 33147 City State and Zip Code RAND E A lenan & Gul. Com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
Feliberto Perez Hernandez at 786, 312 -694 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
And stong of Corporations This is not corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		-
P140005			
(Document Number of	<u> </u>		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	. Torida Profit Corporation adopts the fol	lowing amendmen	nt(s) t
A. If amending name, enter the new name of the corporation:			
	NIA	<i>The _new</i>	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	'o". A professional corporation name i	the abbreviation	
	NA		
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)	NIP		
(Matting dualess MAT BE ATOST OFFICE BOX)			
		2 55 <u> </u>	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	19 J	
	N/A.	UN I	1
Name of New Registered Agent	(// (4.	S7. 7	
ıFlorida stre.	of address)	<u>-19</u> ₹	
	·	. 037 127 137 137 137 137 137 137 137 137 137 13	()
New Registered Office Address:	, Florida Cityr #	(Ap Code)	
	V.	₹	
Non-Doubtoned Loon C. Simulation of the St. D. Co.			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the posi	tion.	
	WID		
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	PT	John Do	<u>c</u>						
\underline{X} Remove	<u>v</u>	Mike Jor	nes						
X Add	<u>sv</u>	Sally Sm	<u>iith</u>						
Type of Action (Check One)	Title		Name			<u>Addres</u> s			
1) Change	<u>S</u>	_	Livan	Diaz	lamire	<u>12105</u> Miami	5 N.	183	54
X Add						Miami	4C ?	<u>331</u> 7	, <u></u>
Remove									
2) Change		_							
Add									
Remove									
3) Change							<u> </u>	- 6 -	
Add							<u> </u>	<u>ن</u> <u>ج</u>	-3
Remove							ARY SSEE	_ _ ;	
4) Change		_				•	- 100 - 100		
Add							<u> </u>	<u></u>	
Remove						୍ <u></u>	in la J		
5) Change									
Add									
Remove									
6) Change									
Add									
Remove									

amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)		
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			-
			
		A.S.	19
an amandmant negridos fay an ayak	ange, reclassification, or cancellation of issued shares,	7.02	
provisions for implementing the ame	ndment if not contained in the amendment itself:	\$ 5.5°	I MOF
(if not applicable, indicate N/A)		(52) 111-1	17
			<u>-</u> È
		10.1 40.1	ψ
		- 5	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: May 21, 201 c	ን -
(no more than 90 days after an	rendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will 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 vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	
by	
The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	raction and shareholder
Dated	19 JU SECKL ALL AS
Signature A	
(By a director, president or other officer – if director	s or officers have not been (17-5)
selected, by an incorporator – if in the hands of a rec	"**)
appointed fiduciary by that fiduciary)	
	2 Hernande 25 5
<u>Feliperto</u> Pere	2 Hernanders 5
Felibert o Pere (Typed or printed name of person	signing)
Presio	
(Title of person signi	