

09/30/2014

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KRIJOENNA

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Division of Corporations

Florida Department of State
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Division of Corporations
Fax Number : (850) 617-6380

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Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
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CORPORATION STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CSZ SERVICES INC**

Certificate of Status	0
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Page Count	01
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@ 10/1/14

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
CSZ SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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:

REMOVE:

Title: Vice President
Name: LAGOS, NANCY A.
Address: 1200 NE 105 ST APT 25
Miami Shore FL 33138

The date of each amendment(s) adoption: September 30, 2014

Adoption of Amendment(s) (CHECK ONE)

☐ 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.

Date: September 30, 2014


Signature

(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)

ZURITA CESAR

(Typed or printed name of person signing)

DIRECTOR


(Type of person signing)