P14000073344

Office Use Only



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08/09/21--01025--014 **43.75

R. WHITE AUG 19 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	SEMIRO SERVICES, I	NC		
DOCUMENT NUMBE	OCUMENT NUMBER: P14000073344				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	JOSE	E ANTONIO MENENDEZ	MILLO		
	 	Name of Contact Persor)		
		SEMIRO SERVICES, INC			
		Firm/ Company			
		7055 W 12TH AVENUE #	AVENUE #12		
Address					
	HIALEAH, FL 33014				
City/ State and Zip Code			8		
		jose.millo.jam@gmail.co	orit		
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information c	oncerning this matter, pleas	786	314-2499		
Name of Contact Person		at (at Co-	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made p		•		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Ce	Address .ment Section in of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	SEMIRO SERVICES, INC	·
(Name of Corporati	ion as currently filed with the Flo	rida Dept. of State)
	P14000073344	
(Docur	nent Number of Corporation (if kno	own)
Pursuant to the provisions of section 607,1006, Floridats Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered." "professional association," or the abbro	" or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
	·······	
If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
iow Registered Agent's Signature, if changing Reg	vistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the o	obligations of the position.
Sien	ature of New Registered Agent, if c	hanging
	., ., ., .,	• •

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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	<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>Tule</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ORLANDO SEMIRO GONZALEZ	285 SEAMAN AVENUE
X Add			OPA LOCKA, FL 33054
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additio</i>	nal sheets, if necesso	ry). – (Be specific	1			
						
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nrovisions fo	r implementing the	amendment if not	contained in the	amendment itself	siiai es, f:	
(if not ap	plicable, indicate N/	A)	T T T T T T T T T T T T T T T T T T T	The state of the s		
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						· · · · · ·

	08/01/2021	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
-	08/01/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl locument's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
[] The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend flicient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	tvoting group)	
07/30/2021 Dated		
Signature	Ment	·
selected	rector president or other officer – if directors or officers have not , by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	
	JOSE ANTONIO MENENDEZ MILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	