P4600076847

(Red	uestor's Name)	
Add)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	» #\
City	/Otate/Zip/i Hone	- π)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		İ

Office Use Only



200297358652

03/31/17--01012--028 **43.75



12 /1. 15°

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ATCHARLES MU	UTISERVICES.INC				
DOCUMENT NUM	BER: P14000076842					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ALVIS T CHARLES					
		Name of Contact Perso	n			
	ATCHARLES MULTISERVICES INC					
		Firm/ Company				
	6289 W SUNRISE BLVD ST	JITE 115				
		Address				
	SUNRISE ,FL 33313					
		City/ State and Zip Cod	e			
info@	Patcharlesms.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas		593-9336			
ALVIS CHARLES $ at \left(\frac{954}{}\right) \frac{593-9336}{ Area Code & Daytime Telephor} $						
Enclosed is a check fo	r the following amount made p		•			
S35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ATCHARLES MIII TISERVICES INC.

(Name of Corporation as o	currently filed with the Florida Dept. of	(State)		
<u> </u>				
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 607.1006. Florida Statuits Articles of Incorporation:	nes, this Florida Profit Corporation adop	ts the following amendment(s) t		
A. If amending name, enter the new name of the corpora	ition:			
ATCHARLES ACCOUNTING & FINANCIAL CONSULT	ATCHARLES ACCOUNTING & FINANCIAL CONSULTING, CORP.			
name must be distinguishable and contain the word "con" Corp.," Inc., " or Co.," or the designation "Corp." In word "chartered." professional association " or the abbrevial.	c." or "Co". A professional corporatio			
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS	<u></u>			
				
C. Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
				
		<u> </u>		
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name (of the		
new registered agent and/or the new registered office	address:			
Name of New Registered Agent N/A				
(1)	lorida street address)			
New Registered Office Address:	-	orida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registerer	d Agent:			
Thereby accept the approximent as registered agent. Tam for		the position.		
Signature e	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 Do	<u>e</u>					
X Remove	<u>V</u>	Mike Jor	<u>nes</u>					
X Add	<u>sv</u>	Sally Sm	nith					
Type of Action (Check One)	<u>Title</u>		Name		Ade	<u>dres</u> s		
1) Change		_			 			
Add								
Remove						•		
2) Change		_		. <u>-</u>				
Add								
Remove								
3) Change		_		_	 			
Add								
Remove								
4) Change								
Add								
Remove							_	
5) Change		_			 			
Add								
Remove								
6) Change		_			 			
Add								
Remove								

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if nécessary). (Be specific)
n/a

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
n/a

	loption:	, if other than the
date this document was signed	•	
Effective date <u>if applicable</u> :	<u></u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amenda fficient for approval.	ient(s)
	toved by the shareholders through voting groups. The following sta- 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	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ado action was not required	pted by the board of directors without shareholder action and sharel	tolder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	er
03/27/2017 Dated		
Signature	THE	
(By a di selected	rector, president or other officer – if directors or officers have not b l. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ALVIS T CHARLES	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	