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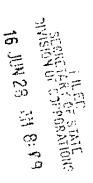
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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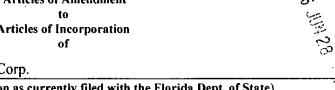
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Southern Ext	reme Services (Corp		
DOCUMENT NUMBER:	P1500	00005	552)	
The enclosed Articles of Amenda	nent and fee are su	ubmitted for filing.			
Please return all correspondence	concerning this ma	atter to the followin	ng;		
	Eric Garcia				
		Name of Conta	act Person	1	
Southern Extreme Services Corp					
		Firm/ Con	npany	· · · · · · · · · · · · · · · · · · ·	
	5600 Bronco	Road			
Address					
Punta Gorda, Fl 33982					
		City/ State and	Zip Code	2	
	Ericoarcia 13	@outlook.com			
E-mai	l address: (to be u	sed for future annu	al report	notification)	
For further information concerning	g this matter, pleas	se call:			
Sharla Garcia		at (239) 357-6041	
Name of Contact	Person	\	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made	payable to the Flor	rida Depa	artment of State:	
	.75 Filing Fee & lificate of Status	Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre	<u>ess</u>		Street	Address	
Amendment Section			Amendment Section		
Division of Corporations				n of Corporations	
P.O. Box 6327 Tallahassee, FL 32314				Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Southern Extreme Services Corp. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Del Sur Services Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5600 Bronco Road Punta Gorda, Fl 33982 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 5600 Bronco Road Punta Gorda, Fl 33982 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: N/A Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example: 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)	Title	Name	<u>Addres</u> s
1) Change		NIA	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

NI/A	(Be specific)
N/A	
<u> </u>	
If an amendment provides for an exchaprovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption: N/A	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	06/24/2016	
	06/24/2016 (no more than 90 days after amendme	ent file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast sufficient for approval.	t for the amendment(s)
	approved by the shareholders through voting groups. If for each voting group entitled to vote separately on the	
"The number of votes c	ast for the amendment(s) was/were sufficient for appro	val
by		"
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder a	action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder actio	n and shareholder
Dated 06/2	4/2016	
	60/	
Signature	4T	
sele	a director, president or other officer – if directors or of oted, by an incorporator – if in the hands of a receiver, binted fiduciary by that fiduciary)	
	Eric Garcia	
	(Typed or printed name of person signing	ng)
	President	
	(Title of person signing)	· · · · · ·