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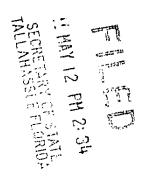
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MAY 18 2017

COVER LETTER

TO: Amendment Section Division of Corporations MY FLORIDA MAINTENANCE INC NAME OF CORPORATION: DOCUMENT NUMBER: P15000008589 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM E HERRERA Name of Contact Person MY FLORIDA MAINTENANCE INC Firm/ Company 1940 9TH LANE Address VERO BEACH FL 32962 City/ State and Zip Code E-mail address: (to be used for future annual report notification) हिंदियाच्यकः प्राप्तिः 1,3000,000 For further information concerning this matter, please call: WILLIAM E HERRERA 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: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

MY FLORIDA MAINTENANCE INC

		(5) 2	. ; `
(Name of Corporat	ion as currently filed with the Florida Dept. of State)	20. 3	- vi
P15000008589		26.	ر ن
(Docum	ment Number of Corporation (if known)		- 1
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following	lowing amendme	nt(s) to
A. If amending name, enter the new name of the c	orporation:		
		The new	
	rd "corporation," "company," or "incorporated" or to," "Inc," or "Co". A professional corporation name to abbreviation "P.A."		
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 BO	<u></u>		
			
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:		
Name of New Registered Agent		***	
			
	(Florida street address)		
New Registered Office Address:	, Florida (City)	(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	zistered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the posit	ion.	
Sign	ature 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	<u>Name</u>	<u>Addres</u> s
1) Change	P	CORREA AGUDELO LUZ MAR	Y 1940 9TH LANE
Add X Remove			VERO BEACH, FL 32962
2) Change	VP	HERRERA, LUISA F	1940 9TH LANE
Add			VERO BEACH, FL 32962
X Remove			
3) Change			
Add			
Remove			V
4) Change			-
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
.	
4,	
F. If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
	,,
- 18-11-10-11-11-11-11-11-11-11-11-11-11-11-	

Triangle of the state of the st	05/10/2017	
The date of each amendment(s) a date this document was signed.		, if other than t
Effective date <u>if applicable</u> :		
Enecuve date <u>in appareable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
05/10/201	7	
Dated	Tees D	
(By a c	litector, president or other officer – if directors or officers have not been od, by an incorporator of in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	ırt
	WILLIAN E HERRERA	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	