## P15000 018 343

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



200336770872

11/18/19--01836--813 \*•43.05

19 HOV 18 WHZ: 14

brund

D CUCHILIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LUIQU	i Services INC.
DOCUMENT NUMBER: <u>P15000</u>	018343
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Luis	A GUZMAN Name of Contact Person
7300 NW	Firm: Company 68Th 5T. Address
Tar	Marac FL 33321 City' State and Zip Code
	54@GMAIL.COM e used for future annual report notification)
For further information concerning this matter, pl	bease call:
Luis A Guzman Name of Contact Person	at ( 954 ) 821 8531  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO THE STATE OF STATE OF THE ST

## Articles of Amendment to Articles of Incorporation of

Luiqui Servic	es INC.	filed with the Florida Dept. of State)		
_		filed with the Florida Dept. of State)		
<u>P15000018343</u>	3			
(De	ocument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>FI</i>	<i>lorida Profit Corporation</i> adopts the follow	ving amer	ndment(s) to
A. If amending name, enter the new name of th	ne corporation:			
NIA			The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional corporation name mu	ahbrevi	ation
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u> .		N/A		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BON</u> )	NA		_
			15 80	
D. If amending the registered agent and/or reg	istered office addres	ss in Florida, enter the name of the	<del></del>	575± 575±
new registered agent and/or the new registe			AHI2	
Name of New Registered Agent			<u>\frac{\frac{1}{22}}{22}</u>	<u> </u>
			=	台台
	(Florida stree	t address)		<del>,</del> 7
New Registered Office Address;		, Florida		
	((		ip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		drand account the abliquition of the marie		
т петеру ассерь те арринитені ах геумства аде	ru, - i am jamittar wa	и ана ассерт те отцаноня ој те ро <u>х</u> ию.	' <i>(</i> .	
	Signatury of Nove Ro	vister of Agent of changing	<del></del>	

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u>tike Jones</u>	
X Add	<u>SV</u> <u>S</u> :	ally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	Valery Valdes	7300 NW 68Th ST
_ <b>X</b> Add		•	Tomarac FL 3332
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific)	nge(s) here:
NA	
17/1	
	·
. If an amendment provides for an exchange, reclassif	ication, or cancellation of issued shares.
provisions for implementing the amendment if not (if not applicable, indicate N/A)	contained in the amendment (tself):
NA	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 east 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.	
Dated 11 13 2019	
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)	
(Typed or printed name of person signing)	
(15 ped of printed faint of person signing)	
President	
(Title of person signing)	