P15000032098

(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: ALONSO N		SINC		
DOCUMENT NUMB	ER: P1500003209	8			
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	RAIDMIEL ALON	ISO			
-		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·		
	PRESIDENT	Prairie VI Contact I crack	•		
-	<u> </u>	Firm/ Company			
	206 NW 22 AVE				
•		Address			
	CAPE CORAL, F	L 33993			
-		City/ State and Zip Cod	e		
INF	O@DIRECTSOL	UTIONSERVICE	ES.COM		
	_	sed for future annual report			
For further information	concerning this matter, pleas	se call:			
RAIDMIEL AL	ONSO	at (239	, 677-7649		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 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)		
	ing Address	Street Address			
	ion of Corporations	Amendment Section			
	ion of Corporations Box 6327		n of Corporations Building		
	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

ΔΙ	.ONSO	MILL	TLS	SER/	/ICES	INC
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ALONSO MULTI-SERVICES INC	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P15000032098	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4704 SANTA BARBARA BLVD
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33914
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FL 33914
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent RAIDMIEL ALON	ISO EXAMPLE TO THE PROPERTY OF
4704 SANTA BA	RBARA BLVD
(Florida stree	
New Registered Office Address: CAPE CORAL	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered Agent. Lam familiar with the second se	

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 Jo	nes es	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		_		
Add Remove				
3) Change		_	· · · · · · · · · · · · · · · · · · ·	
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add Remove				
6) Change		_		
Add				
Remove				

ritaen a	dditional she	ng additional eets, if necessa	iry). (Be sp	ecific)			
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	<u> </u>						
				- 			
f an am	endment pro	ovides for an	exchange, re	classification	<u>, or cancellati</u>	on of issued sh	ares,
provisio (if)	ons tor imple not applicabl	ementing the le, indicate N/.	amenament 4)	it not contair	ieg in the ame	ndment itself:	
	77	.,	,				
					<u>.</u>	<u>.</u> .	
			_				
			_				
							

The date of each amendment(s) adoption: 07/30/2018	, if other than the
date this document was signed.	
Effective date if applicable: 07/30/2018	
(no more than 90 days after amendment file date)	_
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 cast 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 07/30/2018	
Signature X	
(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)	_
RAIDMIEL ALONSO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	