P1500034942

(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone #	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

JALLAHASSEE PLANK.

FEB 1 2 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	5 Reyes Services Inc.
DOCUMENT NUMBER:	150000 34942
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Name of Contact Person
	Firm/ Company
	Mami, FL 33172.
	Address
	MIami, FL 33112
	City/ State and Zip Code
E-mail address: ((to be used for future annual report notification)
For further information concerning this matter	er, please call:
Pablo Reyes.	at (786) 290 - 138% '
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

01	_	
J Keyes Servic	es inc	
(Name of Corporation as currently t	iled with the Florida Dept. of State)	
P1500003494	2_	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the following	ig amendment(s) t
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must	bbreviation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ALLANDY	18 FR -9
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	PH 2: 03
Name of New Registered Agent	NIU	_
(Florida street	uddress)	_
New Registered Office Address:	ity) , Florida (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	obac,
Signature of New Reg.	istered Agent, if changing	_
5 5		

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	PT Jo	ohn Dog	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One) 1) Change Add	Title	Name Digno A Rizo	Address 11056 NW 6 land Miami, FL 33172
2) Change Add Remove			
3) Change Add Remove	4		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

	(Be specific)		
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If an amendment provides for an exch	ange, reclassification	ı, or cancellation of issued ued in the amendment itsel	shares. f:
(if not applicable, indicate N/A)	ndment if not contair	ned in the amendment itsel	<u>shares,</u> <u>f:</u>
(if not applicable, indicate N/A)	ndment if not contair	ned in the amendment itsel	snares, f:
(if not applicable, indicate N/A)	ndment if not contair	ned in the amendment itsel	shares, f:
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(if not applicable, indicate N/A)	ndment if not contair	ned in the amendment itsel	snares, f:

The date of each amendment(s) adoption: date this document was signed.	1/1/20	010	, if other than the
Effective date if applicable:	1/1/2	2018	
	(no more than 90	0 days after amendmen	t file date)
Note: If the date inserted in this block does document's effective date on the Department		able statutory filing rea	quirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes cast fo	or the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an	nendment(s) was/were	e sufficient for approva	1
by			" "
(voting group)		
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors	without shareholder act	tion and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators with	out shareholder action a	and shareholder
Dated	18		
Signature * Ta	May I		
(By a director, for	Esident or other office	er – if directors or offic	ers have not been
	ncorporator – if in the ary by that fiduciary)	e hands of a receiver, tr	ustee, or other court
	ablo Re	eyes	
	(Typed or printed n	name of person signing)	
	Pres	ident.	
-	(Title o	of person signing)	