da Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H150001472343)))



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Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041

Phone : (305)887-8730

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NATIONAL ENTERPRISE MULTISERVICES INC

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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: NATIONAL ENTE	ERPRISE MULTISERVIC	EINC ·	
DOCUMENT NUMB	ER; P15000049605	· .		_
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
•	C	ARLOS JUNCO GORDII	TO	
		Name of Contact Person	n ,	
	NATION	IAL ENTERPRISE MULI	TISERVICES INC	
ş.		Firm/ Company	A=	,
•	٠,	8810 NW 118 ST		
		Address	· · · · · · · · · · · · · · · · · · ·	
		HIALEAH, FL 33018	•	
		City/ State and Zip Cod	<u> </u>	
. '	• •			
	E-mail address: (to be us	ed for future annual report	notification)	_
		00 to 1000.		
For further information	concerning this matter, pleas	e call:		
*			•	
CARLOS JUNCO G	ORDILLO	786	717-9294	
Name o	f Comact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	S43.75 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)	•
Mail	ing Address	Street	Address	
Ame	ndment Section	Amend	Iment Section	
	sion of Corporations Box 6327		on of Corporations Building	
1.0.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL ENTERPRISE MULTISERVICES INC

nt(s) to

(Name of C	<u>orporation as currently filed with the Florid</u>	ia Dept. of State)
	P15000049605	·
	(Document Number of Corporation (if known	1) .
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corport	ation adopts the following amendme
A. If amending name, enter the new name	of the corporation:	
·		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "i in "Corp," "Inc," or "Co". A professional o " or the abbreviation "P.A."	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if an	oplicable:	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>)	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFT		
•		•
	<u> </u>	
	·	
D. If amending the registered agent and/or	r registered office address in Florida, enter t	the name of the
new registered agent and/or the new re	gistered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	CARLOS JUNCO GORDILLO	· `
	8810 NW 118 ST	. ,
-	(Florida street address)	
	HIALEAH	33018
New Registered Office Address.	(City)	, rjorida(Zip Code)
	(0.0)	,-,,
		•
New Registered Agent's Signature, if chan-	ging Registered Agent:	•
I hereby accept the appointment as registered	i agent. I am familiar with and accept the obl	igations of the position.
	~	n e
	Signature of New Registered Agent, if cha	THOUSE THE PROPERTY OF THE PRO
	ъ щишие ој н ем кедізгеген куеті, іј спи	п <u>қ</u> иқ

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> I	<u>ohn Doc</u>	
X Remove	<u>v</u> · · · <u>·</u>	Mike Jones	
_X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	9	CARLOS JUNCO GORDILLO	8810 NW 118 ST
, Add			HIALEAH, FL 33018
X Remove			
2) Change	P	CARLOS JUNCO GORDILLO	8810 NW 118 ST
X Add			HIALEAH, FL 33018
Remove			
3) Change			. ————
Add			
Remove 4) Change			
Add			
Remove	`		<u> </u>
5)Change		· :	
Add Remove			
* ****			
6) Change	•		
Remove			
· · · · · · · · · · · · · · · · · · ·		(((H15@00447234 3)))	

(Attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)		• • •	
				
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F. If an amendment provides for an excl	tange, reclassification, or	cancellation of issue	d shares.	•
or implementing the arrest (if not applicable, indicate N/A)	denient if hot comminen	m the amendment is	<u></u>	
of not applicable, indicate N/A)	adment if not commune	M the amending of 115		· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	nument if not commen	M the amendigent 118	<u>-</u>	
(if not applicable, indicate N/A)	nument if not commune	M the amendigent 119		
(if not applicable, indicate N/A)	adment if not commune	M the amendigent 119		
(if not applicable, indicate N/A)		M the amendigent its		
(if not applicable, indicate N/A)		M the amendigent 119		
(if not applicable, indicate N/A)		M the amendigent its		
(if not applicable, indicate N/A)		M the discountry 113		
(if not applicable, indicate N/A)		M the discountry 119		

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(((H15000147234 3)))

• • •	(((H15000147234 3)))	
The date of each amendment(s) adopt date this document was signed.	otion:	if other than
Describes data if applicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	,
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will riment of State's records.	l not be listed as
Adoption of Amendment(s)	(CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder	and the second
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
06/16/2015 Dated		
Datou	re e	
Signature	Clared	
State of selected, I	ctor, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court ifiduciary by that fiduciary)	
inger element og skriver i det i Det i det i de	CARLOS JUNCO GORDILLO	
	(Typed or printed name of person signing)	
t same	PRESIDENT	
	(Title of person signing)	