P1500056765

(Re	equestor's Name)				
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(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
ACLIANASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ranivez JLC Sewices Inc					
DOCUMENT NUMBER: P1500005670T					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Ramire 2 FLC Services Inc Firm/Company 774 Merimac St Address Deltong Fl 32725 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
Octavio Ramirez at 386, 566-3766					
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Amendment Section Amendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Raminez FLC Services Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P1500003670T
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the 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 BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce_Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	18	Jose Ortiz	774 Merimac & Deltona fl 3272
Add Add			Deltung fl 3272
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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6) Change			
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The date of each amendment(s) adoption:	3	3	2011	<u> </u>	, if other than the
date this document was signed.	_ `	Î.	1		
Effective date if applicable:	<u> </u>	3	2015		
(no more than 90	days a	ter ame	ndment file	date)	
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	ible stat	utory fil	ling require	ements, this o	fate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)					
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number	of votes	cast for the	e amendment	d(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to the proper entitled					rent
"The number of votes cast for the amendment(s) was/were	sufficie	nt for a	pproval		
by			.,,		
(voting group)					
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout	sharehol	der action a	and sharehold	ier
☐ The amendment(s) was/were adopted by the incorporators witho action was not required.	ut share	holder a	ection and s	hareholder	
Dated 3/3/2015					
Signature (X) de O		<u> </u>			
(By a director, president or other office selected, by an incorporator – if in the					
appointed fiduciary by that fiduciary)	nanus o	i a iecei	ver, musice	, or other col	п
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(Title of	nerson	signing	<u> </u>	<u> </u>	

Date of this notice: 06-30-2015

Employer Identification Number:

47-4403685

Form: \$S-4

Number of this notice: CP 575 A

RAMIREZ JLC SERVICES 774 MERRIMAC ST DELTONA, FL 32725

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4403685. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.