

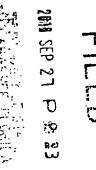
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09/27/18--01007--016 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ATV SERVICE O	F SW FLORIDA INC		
	BER:			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ALVARO TCHAKIDJIAN			
		Name of Contact Person	n	
	ATV SERVICE OF SW FLO	ORIDA INC		
		Firm/ Company		
	1160 OAKS BLVD - APT A	• •		
		Address		
	NAPLES, FL 34119			
		City/ State and Zip Cod	e	
ASA	PACCOUNTING@ME.COM			
	~	sed for future annual report	notification)	
	·	ľ		
For further information	on concerning this matter, pleas	se call:		
ALVARO TCHAKII	DJIAN	239	601-5929	
Name of Contact Person		at (239	de & Daytime Telephone Number	
Name	or Connect Ciscu	Area Co	de & Daytine Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address		Street	Address	
	endment Section	Amendment Section		
	ision of Corporations		n of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clition Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

DA INC

(Name of Corporation as currently filed with the Florida Dept. of State) ATV SERVICE OF SW FLORIDA INC P15000071954 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: (City) 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>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	IDAIRIS T GONZALEZ	1160 OAKES BLVD - APT A			
Add			NAPLES, FL 34119			
X Remove						
2) Change						
Add						
Remove						
3)Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
<i>δ</i>) Change						
Add			-			
Remove						

Attach additional sheets, if necessary).	icles, enter change((Be specific)			
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		_	_ 	<u> </u>
f an amendment provides for an exch provisions for implementing the amer	ange, reclassification adment if not conta	on, or cancellation ined in the amend	<u>of issued shares,</u> lment itself:	
(if not applicable, indicate N/A)				
		· · ·		
			<u> </u>	
<u>-</u>			-	
				7

	09/20/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	9/20/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	ı
09/20/20	18	
Dated		
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ALVARO TCHAKIDJIAM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 -