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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MATUNAGA OFF	FICE SERVICES, INC	
DOCUMENT NUMB	P15000090789		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ESTEBANA JEREZ		
•		Name of Contact Person	l .
	JEREZ PROFESSIONAL SE	RVICES LLC	
•		Firm/ Company	
	5840 S SEMORAN BLVD S	UITE 5840 C	
		Address	
	ORLANDO FL, 32822		
		City/ State and Zip Code	9
JERE	ZPROFESSIONALSERVICE	ES@GMAIL.COM	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ESTEBANA JEREZ		at (⁴⁰⁷	757-0149
Name o	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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 Fce & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	endment Section sion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2001 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MATTINAGA OFFICE SERVICES INC

MATUNAGA OFFICE SERVICES, INC	***************************************	- Parallel	,
(Name of Corporati	ion as currently filed with the Flo	orida Dept. of State)	
P15000090789 .		•	
(Docur	ment Number of Corporation (if kn	own)	**
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corp	ooration adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:		They need
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profession abbreviation "P.A."	r "incorporated" or they al corporation name must	obbreviation Contains the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		THE COLUMN TO TH	35.3
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered agent and/or the new registered 	red office address in Florida, ent	er the name of the	
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address;		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.	
	nature of New Peristered Accept if	ob and in a	

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)	Title	<u>Name</u>	Address
1) Change	<u>v</u>	Fortes Matunaga, Carolina	13574 The Village at Hunters
Add		•	Creek Building K, Unit K275
X Remove			Orlando fl, 32837
2) X Change	P	Matunaga Lilian Mayumi	1818 Thetford Circle
Add			Orlando Fl, 32824
Remove			
3) X Change	<u>V</u>	Hidemi Matunaga, Fabio	13574 the Village at Hunters
Add			Creek Building K, Unit K275
Remove			Orlando fl, 32837
4) Change	<u>- 111.</u>		
Add			7-00 at
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 30 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/12/2016	
Signature (By a director, president of there of the order of the control of the order of the control of the co	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
LILIAN MATUNAGA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	