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COVER LETTER

TO: Amendment Section Division of Corporations

	•
NAME OF CORPORATION: DIMA MULT	ISERVICE'S CORP
DOCUMENT NUMBER: P15000099888	3
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
ANGEL A FIGUE	REDO
	Name of Contact Person
	Firm/ Company
8814 BEELER DF	ξ
	Address
TAMPA, FL, 3362	26
	City/ State and Zip Code
wilmariati@hatmail.co	om.
wilmaristi@hotmail.co	ed for future annual report notification)
E-man address. (to be us	ed for fature annual report normedition,
For further information concerning this matter, pleas	e call:
ANGEL A FIGUEREDO	at (407) 4631768
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

	MILL	TISER\	/ICES	CORP
LUIVIA	IVIOL	_	,,,,,,	\sim

(Name of Corporation as currently filed with the F	lorida Dept. of State)
P15000099888	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	t .
	TheThe
name must be distinguishable and contain the word "corporation" or line " or Co.," or the designation "Corp," "Inc," or word chartered," 'professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	THE BUILT PH F
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet oddress)
New Registered Office Address:	, Florida
(Cit	y) Zip Coder
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	nt: with and accept the obligations of the position.
Signature of New Registered	Agent, if changing

address of each Officer as much additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer, CFO mold President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	and/or D If necess rector title President = Chief F r, Directe in the fol wes the ce	ary) The by the first letter of the office title: T= Treasurer: S= Secretary: D= Director; TR= Financial Officer. If an officer/director holds more or would be PTD. Howing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chic; than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
Example: $\frac{N}{N}$ Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
11 Change	VP	ROBERTO G. MAGADLENO A.	8814 BEELER DR
Add X Remove			TAMPA, FL, 33624
2) Change	VP	MARIANA C. IGLESIAS J.	4957 CYPRESS TRACE DR TAMPA, FL, 33624
Add X Remove			
Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add			

_ Remove

If amending or adding additional Articles, enter cha	nge(s) nere:
Attach additional sheets, if necessary). (Be specific)	
	I
	44.5 4.50
If an amendment provides for an exchange, reclassi	Gostion or cancellation of issued shares
provisions for implementing the amendment if not	contained in the amendment itself:
(it not applicable, indicate N/A)	CONTRACTOR OF THE PROPERTY OF
(11 /1 /1 /4 / / / / / / / / / / / / / /	ı

The date of each amendment(s) adoption:	05-29-2018	, if other than the
date this document was signed.	05-29-2018	
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
■ The amendment(s) was/were adopted by the sharply the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.	
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by	group)	
The amendment(s) was/were adopted by the boa action was not (equired.	ard of directors without shareholder action and shareholder	
action was not required.	corporators without shareholder action and shareholder	
Dated 05-29-2018		
Signature (By a director, preside selected, by an incorporappointed fiduciary by	proper other efficer – if directors or officers have not been orator – of the hands of a receiver, trustee, or other court by that fiduciary)	
ANGE	L A FIGUEREDO	
	(Typed or printed name of person signing)	
PRFSI	IDENT	

(Title of person signing)