P16000004127

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(8)	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700335476407

10/18/19--01011--011 **35.00



NOV 0 6 2019 C Kinsey

COVER LETTER

Division of Corporations NAME OF CORPORATION: GARCO MULTISERVICE, INC. DOCUMENT NUMBER: P1600004127 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NELDY SUSANA GARCIA Name of Contact Person Firm/ Company Address Resivision@Gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>561</u>) 310 - 808 6 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

/2	of	
(4,100	o multigeruces, Inc	
_	currently filed with the Florida Dept. of State)	
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of the corpora	tion:	
		he new
name must be distinguishable and contain the word "con "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A professional corporation name must con	eviation utain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>		
		
) e====================================
C. Enter new mailing address, if applicable:		4
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>	·'
	<u> </u>	<u>'</u>
		رثيون و
2.16	<u> </u>	
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	_	
Name of New Registered Agent		
•		
(Fi	lorida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Cod	te)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		
Signature o	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>\$V</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	<u>S</u>	ESTER SUSANA CORADO	2013 20 th Lane Greenacres, FL 3346			
🔀 Add			Greenackes, FL 3346:			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add			••••			
Remove						
4) Change						
Add						
Remove						
5) Change						
Add			-			
Remove						
6) Change						
Add						
Remove						

ttach additional	Iding additional Art sheets, if necessary).	(Be specific)				
						
		-				
	<u>-</u>					
···	-	_				
			 		<u> </u>	
_ 			-			
- · · -						
an amendment	provides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	res,	
if not applic	nplementing the am cable, indicate N/A)	enument it not co	mamed in the am	ienament itsen:		
(5	,					
	<u>-</u>					
		<u></u>				•

The date of each amendment(s) adoption: _ date this document was signed.	10/11/2019	, if other than the
-	11 2019 (no more than 90 days after amendment file	c date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require f State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	ne amendment(s)
	he shareholders through voting groups. The foreign group entitled to vote separately on the ame	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
	e board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and	shareholder
Dated 10/11/20	19	
selected, by an in	sident or other officer - if directors or officers corporator - if in the hands of a receiver, trustery by that fiduciary)	
<u> </u>	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	