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COVER LETTER

NAME OF CORPOR	011 00	Multiser 00004500	vices, lopp.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	Rafael	Perez	
-	RBP N	Name of Contact Person Firm/ Company	A) i
-	2003	Address Address	. 33991
-	RBYEREZ	City/ State and Zip Cod	ihoo.com
For further information	concerning this matter, pleas	se call:	
Rafae	PC(eZ	at (34	de & Daytime Telephone Number
	the following amount made		•
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ing Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles	of	Incorporation
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(Name of Corporation as current)	y filed with the Florida Dept. of State)
P160000	104506
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 4 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	72
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.
	/ ~
Signature of New R	egistered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Do</u>	<u>e</u>				
X Remove	V	Mike Jor	nes				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	YP	_	Barbara Y.	. Cruz De Pere	? 2	0035W	12 Te/ al H.3399
Add						(ape (uc	al H.3399
Remove							.
2) Change		_					
Add							
Remove 3) Change		_					
Add							
Remove						<u> </u>	
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

<u>If amending or :</u> Attach <i>additiona</i>	dding additional Articles sheets, if necessary).	cles, enter change(s) her (Be specific)	<u>-e</u> :	
				
				
 -	 			
			J	
	/			
	_/			
If an amendmen	t provides for an excha	ange, reclassification, o	r cancellation of issued sha in the amendment itself:	res,
(if not appl	cable, indicate N/A)	noment it not contained	in the amendment (tsett.	
		/		
		<u> </u>		
	-/			

• • •

The date of each amendment(s) adopti	ion: June	18,	2020	, if other than the
date this document was signed.	1 /	10/0/0	2.4	If other than the
Effective date <u>if applicable</u> :	0/	18/70	20	
	(no more than 90 da	ys after amendm	ient file date)	
Note: If the date inserted in this block document's effective date on the Department.		e statutory filing	requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted action was not required.	I by the incorporators, or boar	d of directors wi	thout shareholder acti	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		mber of votes ca	st for the amendment	(s)
☐ The amendment(s) was/were approve must be separately provided for each				ent
"The number of votes cast for the	he amendment(s) was/were sa	afficient for appr	roval	
by			••• 	
selected, by	or, president or one officer - an incorporator - if in the ha iduciary by that fiduciary)	- it directors or o	officers have not been trustee, or other cou	r1
_	Kafael	Pere	2	
	(Typed or printed nam		ing)	
	Presid	PNI		

(Title of person signing)