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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SCOOBY SERVIC	'ES INC			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Marichu Orpilla-Smith				
	Name of Contact Person				
		Firm/ Company			
	365 W Lake Elbert Dr. NE				
	Address				
	Winter Haven FL 33881	City/ State and Zip Code	<u> </u>		
	willnmarch@gmail.com				
		ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
March Orpilla-Smith		863 at (241-9506		
Name o	Contact Person	at (863) 241-9506 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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, F1, 32314		Street Address 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 of

SCOOBY SERVICES INC.

(Name of Corporation	as currently fil	ed with the Florida	Dept. of State)		
P16000015016	<u> </u>				
(Documen	it Number of Co	rporation (if known)	 .		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Flor</i>	ida Profit Corporati	on adopts the folk	wing amendme	ent(s) to
A. If amending name, enter the new name of the corp	oration:				
				The new	
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A pr				
B. Enter new principal office address, if applicable:	_			~~)
(Principal office address MUST BE A STREET ADDRI	ESS)			020	,)
	_			2020 AUG	· 1
	_				_
C. Enter new mailing address, if applicable:					>
(Mailing address MAY BE A POST OFFICE BOX)	_				<u>.</u> .
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D. If amending the registered agent and/or registered new registered agent and/or the new registered off		in Florida, enter th	e name of the		
	ire auuress.				
Name of New Registered Agent					
	(Florida street a	(ddress)			
New Registered Office Address:			Florida		
	€Ciņ	7	,	Zip Code)	
N					
New Registered Agent's Signature, if changing Registor I hereby accept the appointment as registered agent. I a		and accept the obliga	ations of the vositi	ion.	
, , , , , , , , , , , , , , , , , , , ,	•	, , ,	,		
Signatu	re of New Regis	tered Agent, if chang	ing		
Check if applicable					
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	WILLIAM II SMITH	365 W LAKE ELBERT DR NE
Add			WINTER HAVEN FL 33881
Remove			
2) Change	<u>Y</u>	MARICHU ORPILLA-SMITH	365 W LAKE ELBERT DR NE
X Add			WINTER HAVEN FL 33881
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change	**		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sa	heets, if necessary).	icles, enter change(s) he (Be specific)	_		
					
					
					
					
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If an amendment p	rovides for an exch	nange, reclassification, o	r cancellation of issu	ied shares,	
(if not application)	ble, indicate N/A)	ndment if not contained	in the amendment i	itsett:	
/A					
					
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: . :

The date of each amendment(s) adoption date this document was signed.	n:	1/01/2020		, if other than the
Effective date <u>if applicable</u> :				
	(no more than	90 days after ame	ndment file date)	
Note: If the date inserted in this block didocument's effective date on the Department	oes not meet the appent of State's records.	licable statutory fi	ling requirements, this c	fate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were adopted b action was not required.	y the incorporators, o	r board of director	s without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien		he number of vote	s cast for the amendmen	l(s)
☐ The amendment(s) was/were approved must be separately provided for each v				nent
"The number of votes east for the	amendment(s) was/v	vere sufficient for	approval	
by				
O7/01/2020 Dated Signature (By a director, selected, by a	president or other of	the hands of a rece	or officer; have not been siver, trustee, or other con	urt
\	Nillaw 1. (Typed or printed	Smith d name of person :	Marich	u Otpilla-Smith
	(Title of person:		1 Vice of	readent

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