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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EL LATINO MUL	TISERVICIOS INC			
DOCUMENT NUM	BER: P16000023312				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DIANA I LOPEZ				
	Name of Contact Person				
		Firm/ Company			
	1296 N MILITARY TRAIL				
	Address WEST PALM BEACH FL 33409				
		City/ State and Zip Cod	ů.		
For further informatic	E-mail address: (to be used to be	sed for future annual report se call:	notification)		
DIANA I LOPEZ		at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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 Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT -4 PM 2:09

EL LATINO MULTISERVICIOS INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State ALLAHASSEE, FI
P16000023312	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
n n	N/A
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)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
DIANA II OPEZ	<u></u>
Name of New Registered Agent	
	KEECHOBEE, FL 34972
103 NW 11TH AVE OK	street address) VEECHOBEE 34972
New Registered Office Address: 105 NW 111FLAVE OK	, Florida
	(City) (Zip Code)
	(Cig) (Zip Cinter
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: ir with and accept the obligations of the position.
	ν
(1)inna)	V.60
	TO CATO
I hereby accept the appointment as registered agent. I am familian	nt:

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> <u>John</u>	Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sall</u> y	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	PRESID	LUZ VALENCIA	103 NW 11TH AVE OKEECHOBEE, PL 34912		
Add X Remove					
2) Change	VP	DIANA I LOPEZ	103 NW 11TH AVE OKEECHOBE, PL 3497		
Add X Remove					
3) Change	PRESID	DIANA I LOPEZ	103 NW 11TH AVE OKEECHOBEE, P. 34912		
X Add Remove					
4) Change					
Add Remove					
5) Change					
Add Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	-
	-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

	09/01/2018	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
	1/2018	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendmen flicient for approval.	it(s)
	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
10/02/2018		
Dated	-A	
Signature	War Mallille	<u>. </u>
	rector president or other officer - if directors or officers have not bee	
selected	l, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appoint	ed fiduciary by that fiduciary)	
	LUZ M VALENCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	