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(Cit	ty/State/Zip/Phone	e #)
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06/19/17--01026--004 \*\*35.00

And

JUN 26 2017

R. WHILL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. .

NAME OF CORPOR	ATION:	MAYE'S UTILITIES IN	С		
P16000028487					
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:	•		
		JUAN MAYE			
_		Name of Contact Perso	n		
		MAYE'S UTILITIES INC	C		
_		Firm/ Company			
		15555 60TH ST N			
_	Address				
	CLEARWATER, FL 33760				
_		City/ State and Zip Cod	le		
•		info@bnmultiservices.c	om		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)		
	concerning this matter, plea	727	623-6340		
Name of Contact Person		at (at Co	ode & Daytime Telephone Number		
	the following amount made				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
- Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio Cliftor	Address dment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

# Articles of Amendment

## P16000028487

nt(s) to

(Docum	nent Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flori</i>	da Profit Corporat	ion adopts the foll	owing amendmer
A. If amending name, enter the new name of the co	rporation:			
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co".	A professional co	corporated" or to	The new he abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			•	<u>,</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>			
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	<u>ed office address i</u> office address:	n Florida, enter th	e name of the	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·			
	(Florida street ac	idress)		
New Registered Office Address:	(City,	)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	l am familiar with d			tion.
Sign	ature of New Regist	ered Agent, if chan	ging	

## 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 <math>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>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	P	JUAN MAYE	1027 16TH AVE NW APT B		
Add Remove			CLEARWATER, FL 33756		
2) X Change	PT	RICARDO MARTIN MAYE	15555 60TH ST N		
Add			CLEARWATER, FL 33760		
Remove					
3 ) Change			,		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			<u>- 10-2-20-20</u>		
Remove					
6) Change					
Add					
Remove					

		-				
				-		
	<u>"-</u>					
					<del>.</del>	
			,, <u>.</u>			
f an amendment provides for an exchang	ge, reclassifica	tion, or can	cellation of	issued share	<u>es.</u>	
provisions for implementing the amenda (if not applicable, indicate N/A)	nent if not con	itained in th	<u>e amendme</u>	nt itself:		
,						
		<del>-</del>				

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
	06/12/2017	
Effective date if applicable:	(no more than 90 days after amendment file date	<del></del>
	,	,
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the am ficient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and share	holder
Dated Signature	2/17	
(By a di selected	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
,	JUAN MAYE	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	