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JIVISION OF CORPORATION

AUG 29 2016

CILEMIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTHONY BOB	CAT SERVICE INC				
DOCUMENT NUMI						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	spondence concerning this ma	tter to the following:				
	BELINDA MOLINA					
	Name of Contact Person					
	Firm/ Company					
	8690 Grand Canal Dr					
	Address					
	Miami FL 33144		· · · · · · · · · · · · · · · · · · ·			
		City/ State and Zip Code	e			
For further information	E-mail address: (to be us	ed for future annual report	notification)			
Name (of Contact Person	at (at Co)de & Daytime Telephone Number			
	r 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)			
Mailing Address 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 of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

ANTHONY BOBCAT SERVICE INC

2016 AUG 18 PM 1:49

(Name of Corporation as current	ly filed with the Florida Dept. of State)
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "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
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
C' company	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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	JOSE MOLINA	8690 Grand Canal Dr
Add				Miami Fl 33144
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				······································
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	 	_		
Add				
Remove				

	If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	e(s) here:		
N/A					

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					···
	- Adaptive Control of the Control of				
	-				
F. 1	If an amendment provides for an excl	ange reclassifica	tion or cancella	tion of iccured chare	le:
	provisions for implementing the ame	ndment if not cor	tained in the am	endment itself:	25
	(if not applicable, indicate N/A)				
	Α				
N/A	· •				····
N/A	•	<u></u>			
N/A	-				
N/#					
N/#					
N/A					
N/#					
N//					
N//					

08/15/2016	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	SECRETARY OF STATE
Effective date if applicable:	HVISION OF CORPORATION
(no more than 90 days after amendment file dat	e) 2016 AUG 18 PM 1:49
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder .
08/15/2016 Dated	
Signature Belinda Moling	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or	other court
appointed fiduciary by that fiduciary)	
Belinda Moling	·
(Typed or printed name of person signing)	
Presiden \(\)	
(Title of person signing)	

. . . .