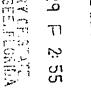
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: A2Z CITY SERVI	ICE CORP			
DOCUMENT NUMBER: P		<del> </del>			
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the following:			
BORIS	PASTERNAK				
		Name of Contact Person	1		
		Firm/ Company			
250 17-	4TH ST, APT. 1811				
SUNN	Y ISLES BEACH, FL	Address			
<del>- · · · ·</del>		City/ State and Zip Code	2		
LENOK69@	HOTMAIL.COM				
<u> </u>	mail address: (to be us	sed for future annual report	notification)		
For further information concer	rning this matter, pleas	se call:			
BORIS PASTERNAK		at (	434-1117		
Name of Conta	ct Person	at (917) 434-1117  Area Code & Daytime Telephone Number			
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	rtment of State:		
	\$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

the paperture.

## **Articles of Amendment** to **Articles of Incorporation**

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(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

nt(s) to

	The n	
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 i	he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	250 174th ST, Apr. 181 Sunny Isles Beach,	<b>'</b>
	Fr 33/60	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 174 ST, Apr. 18.	//
	Sunny Isles Bch, Fr 33160	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
250 174	m 57, APT. 1811	
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	treet address)  es Bch Florida 33/60	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t; with and accept the obligations of the position.	

## 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 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>	<u>Addres</u> s
1) X Change	P	JARVET, VEIKO	250 174TH ST, APT. 1811
Add			SUNNY ISLES BCH, FL 33160
Remove			
2) Change	VP	KROLOV, NIKOLAI	1755 E HALLANDLE BCH BLV
Add			#1404
X Remove			HALLANALE BCH, FL 33009
3) Change			<u> </u>
Add			<del></del>
Remove			
4) Change		_	
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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'an aman	dment prov	ides for an	exchange	e. reclassifi	ication, or c	ancellation	of issued sh	ares.	
provision	s for implen	nenting the	amendm	ent if not c	ontained in	the amend	ment itself:		
(if no	t applicable,	indicate N	(A)	***					
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				<del> </del>					

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/25/16 Signature Yatts	
Signature	
(By extirector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
· Veiro JarveT	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	