

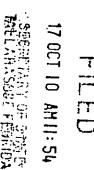
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OCT 11 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FLORIDA PRI	STINE SERVICES INC			
DOCUMENT NUMBE	ER:P16000078137	 	'		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
Α	MERARDO MORENO MO	RENO	(
-		Name of Contact Perso	on		
F	FLORIDA PRISTINE SERVICES INC				
-	 .	Firm/ Company			
ì	1320 MARIPOSA CIRCLE UNIT 202				
	Address				
٨	NAPLES FL 34105				
_		City/ State and Zip Coo	le		
gtsglob	altax@gmail.com				
	E-mail address: (to be u	sed for future annual repor	t notification)		
For further information	concerning this matter, plea	se call:			
MERARDO MORENO	MORENO	at (370 - 1213 ode & Daytime Telephone Number		
Name of	Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Dep	partment of State:		
□ \$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 17 OCT 10 AHII: 54

FLORIDA PRISTINE SERVICES INC

-SIGNETARY OF SHATE TABLE ANASSEE FEBRIDA

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P16000078137	•
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Strits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	l office address in Florida, enter the name of the
new registered agent and/or the new registered offi	fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	ered Agent: am familiar with and accept the obligations of the position.
Siynatu	ure of New 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.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>xe Joneş</u>	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ADM	KATHERINE ZUNIGA	1320 MARIPOSA CIRCLE
Add		-	UNIT 202
X Remove			NAPLES FL 34105
2) Change			
Add			
Remove			
3) Change			
Add			l .
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. Attach <i>additi</i>	or adding additional Ar ional sheets, if necessary).	. (Be specific)	and the state of t			
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If an amend	ment provides for an exc	hange, reclassifi	cation, or cancel	lation of issued sl	nares,	
provisions	for implementing the amapplicable, indicate N/A)	endment if not co	ontained in the a	mendment itself:		
(y nor a	пррисите, такте мл.)					
						
			· · · · · · · · · · · · · · · · · · ·			
			<u> </u>			
					<u> </u>	

	09/01/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	09/01/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholde	r
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Signatur <u>e</u>	Hub Him IIII	
%	a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	ι
/	Merardo Moreno Moreno	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	