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(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	<i>⊋ #</i>)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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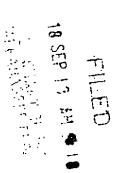




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LUIGI AC SERVI	CES INC.	
DOCUMENT NUMB	ER: P16000081332		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
-		Name of Contact Persor	
		Firm/ Company	
-		Address	
		City/ State and Zip Code	<u> </u>
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
		at ()
Name o	f Contact Person	Area Co) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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LUIGI A/C SERVICES INC.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P16000081332	
(Document N	fumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new proporation," "company," or "incorporated" or the abbreviation are "Co". A professional corporation name must contain the eviation "P.4."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature	of New Revistered Avent if chanving

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>	Name	<u>Addres</u> s
1) Change	Τ	ABEL POLO	1887 SW LENNOX ST
X Add			PORT SAINT LUCIE FL 34953
Remove			
2) Change			······································
Add			
Remove			
3) Change		_	
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)
MR. ABEL POLO WILL HAVE 10% SHARES OWNERSHIP AND MR. LUIS E BOLIVAR WILL HAVE 90% SHARES
OWNERSHIP
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)
MR. ABEL POLO WILL HAVE 10% SHARES OWNERSHIP AND MR. LUIS E BOLIVAR WILL HAVE 90% SHARES
OWNERSHIPS
,

	09/08/2018	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.	8/2018	
UPACE Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for approval.	r the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	following statement mendment(s):
	for the amendment(s) was/were sufficient for approval	L
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder act	
☐ The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action a	and shareholder
09/08/2011 Dated		
selecte	lirector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, truted fiduciary by that fiduciary)	
	LUIS E BOLIVAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	