P160000 81332

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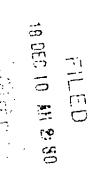


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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LUIGI AC SERVICES INC DOCUMENT NUMBER: P16000081332 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS BOLIVAR Name of Contact Person LUIGI AC SERVICES INC Firm/ Company 974 SW MCCRACKEN AVE Address PORT SAINT LUCIE FL 34953 City⁹ State and Zip Code luly@vtaxel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS BOLIVAR at (954) 638-2854

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LUIGLA/C SERVICES INC

LUIGI A/C SERVICES INC.					
(Name of Corporatio	on as currently	filed with the Flori	da Dept. of State)		
P16000081332					
(Docum	ent Number of 0	Corporation (if know			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:		•	•	llowing amendn	nent(s) to
A. If amending name, enter the new name of the cor	rnorstion				
	. <u>1747 114 144 144 144 144 144 144 144 144</u>				
				The ne	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "C	o". A professional	"incorporated" or corporation name	the abbreviatio must contain th	n e
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>					
					
C. Enter new mailing address, if applicable:				DE	
(Mailing address MAY BE A POST OFFICE BON	<u>V</u>)				77
					[T]
				<u> </u>	\odot
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office addre office address:	ss in Florida, enter	the name of the	0.00	
Name of New Registered Agent					
					
	(Florida stree	d = 11)			
	trioriaa siree	(adaress)			
New Registered Office Address:			, Florida		
	((Tity)		(Zip Code)	
Name Danietawal Amart's Sianatana (Cabanaia Dani					
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	sterea Agent: ' am familiar wa	th and accept the ob-	livations of the posi	ition.	
	ŕ	•	· · · · · · · · · · · · · · · · · · ·		
Signa	ture of New Rev	vistered Agent, if che	meine		

. . .

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>.</u>	John Doe	
X Remove	<u>V</u> <u>1</u>	Mike Jones	
X Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Τ'	ABEL POLO	1887 SW LENNOX ST
Add			PORT SAINT LUCIE FL 34953
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	. ,
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
cy our appreciate, material (11.11)	

9°L d	12/03/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
12/0 Effective date if applicable:	03/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	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 su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature		
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	LUIS E BOLIVAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	