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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COF	RPORATION: AACY HOME SE	RVICES INC.	
DOCUMENT N	UMBER: P16000081375		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all o	correspondence concerning this ma	itter to the following:	
	ARIEL ALFONSO RODRIC	HUEZ	
	 	Name of Contact Person	1
	AACY HOME SERVICES I	NC.	
		Firm/ Company	
	2211 S. LINCOLN AVE		
		Address	· · · · · · · · · · · · · · · · · · ·
	LAKELAND, FL 33803		
		City/ State and Zip Cod	e
	arielyniurka1@yahoo.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
ARIEL ALFONS	SO RODRIGUEZ	616 at (502-2864
N	ime of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fe	ce ☐\$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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AACY HOME SERVICES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000081375 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT John	iloc	
X Remove	<u>V</u> <u>Mike</u>	; Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	YOEL CARDOSO MARCIAL	1210 MARRICK CIR
			LAKELAND FL 33815
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addition</i>	al sheets, if necesso	l Articles, enter cha ny). (Be specific)				
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f an amendm	ent provides for an	exchange, reclassi	ficution or conce	ellation of issuad	charac	
provisions for	implementing the	amendment if not	contained in the	amendment itsel	<u>snares.</u> If:	
(if not app	licable, indicate N	A)				
						
						
						

	07/31/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/31/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u>.</u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following sta or each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
07/21/202 Dated	In the second se	
Scleci	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	ARIEL ALFONSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	