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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VAZQUEZ DEEP MULTISERVICES CORP DOCUMENT NUMBER: P16000081382
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE BARRIENTOS Name of Contact Person
. <u></u>
VAZQUEZ DEEP MULTISERVICES CORP.
Firm/ Company
2228 W COLUMBIO AVE
Address
Kissimmee, Fl 34741.
City/ State and Zip Code
City/State and Zip Code Losetaxos Fl@ SHGil. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
105E BARRIENTOS 31 321 1687-1101
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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

VAZQUEZ DEEP MULTI	SERVICES CORP.	
(Name of Corporation a	s currently filed with the Florida De	pt. of State)
7/60000B1382		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	tutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association." or the abb	nc," or "Co". A professional corpo	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THE THE THE
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ime of the
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 an		ns of the position.
Signatur	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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V</u>	CARLOS CAMPOS.	
Add			ORLONDO, FL 32839.
X Remove			
2) Change	<u>T</u>	Mercedes cobena	2033 LUDLOW LN APT 3302.
Add			ORLANDO, FL 32839.
Remove			
3) Change	···		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
and the second s	******
	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exch rovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: December 01, 2017	
(no more than 90 ddys after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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):	
"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 12/01/2017	
Signature	
(By a director, 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)	
JOSE BARRIENTOS	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	