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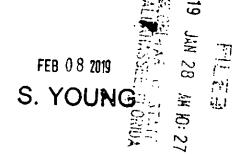
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## COVER LETTER .

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MANUEL OF CORPORATION: PLOCOS	T Building Services Corp. 39744
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
- Joseph - Joseph - Lettingh - Lettingh - Megan Fere E-mail address: (to be us	Name of Contact Person  Iding Services Corp. Film/Company  MONA St.  Address  Geres, Fl 33974  City/State and Zip Code  20510 & VAhoo. Com  ed for future annual report notification)
For further information concerning this matter, pleas	e can:
Norge Perez	at (954) 980 2946 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
✓ S35 Filing Fee    S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (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 2	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

mand + Building Services corp.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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)
A-119
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 PATRICIA HODE (SO) E E
(Florida street addiss)
New Registered Office Address: Lehigh Ockes , Florida 33972 (City) (Zip Code)

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.

Patricia a Andreson Signature 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	·	Doe	
X Remove		· Jones	
X Add		<u>/ Smith</u>	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	<b>5 5</b> . <b>6</b>	M. K.11 a	355 PomonAST
() Change	DLSZ	Megan Keller	Lehigh acres Fl
Add Remove			3347 <b>4</b>
2) Change	pres	Mege Perez	355 pomonast
Add			Lehigh acus F 33974.
3)Change			
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f an amendme	nt provides for	an exchange,	reclassificat	ion, or cancel	<u>lation of issue</u>	d shares,	
provisions for	implementing	the amendmen	nt if not cont	ained in the a	<u>imendment its</u>	elf:	
(if not app	licable, indicate	2 N/A)					
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The date of each amendment(s) adoption:	1/18/19	, if other than the
date this document was signed.		•
Effective date if applicable: (no n.	nore than 90 days after dmendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	et the applicable statutory filing requirements, records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK C	ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes east for the amen al.	dment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	holders through voting groups. The following entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the amendment		
by(voting gre	······································	
(voting gro	oup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and sha	archolder
The amendment(s) was/were adopted by the incorporation was not required.	orators without shareholder action and shareho	older
Dated //18/19		
Signature (By a director, president of selected, by an incorporate appointed fiduciary by that	or other officer – if directors or officers have no or – if in the hands of a receiver, trustee, or other	ot been ner court
Norge Oyped	Perez I or printed name of person signing)	
- ρ:	2-es, de A (Title of person signing)	