## P16000090042

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION:	OS MULTISERVICES INC	<u></u>	
DOCUMENT NUMBE	P16000090042			
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	ALEJANDRO DE LO	OS SANTOS		
_	<del></del> -	Name of Contact Person		
	AMERICA ENVIOS M	ULTISERVICES Y MAS INC		
_		Firm/ Company	<del></del>	
	14331 SW 120 ST UN	HT 107		
<del></del>		Address		
	MIAMEFL 33186			
<del></del>		City/ State and Zip Code	•	
	erislian.13@gmail.com			
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information of ALEJANDRO DI	concerning this matter, plea	se call:	273-6163	
Name of Contact Person		at ( Area Coo	) de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

AMERICA ENVIOS MULTISERVICES INC

## (Name of Corporation as currently filed with the Florida Dept. of State)

P16000090042

(Document Number of Corporation (if known)

If amending name, enter the new nam	ne of the corporation:		
AMERICA ENVIOS MULT			The new
ame must be distinguishable and contain to Inc., "or Co.," or the designation "Co chartered." "professional association," o	he word "corporation," "company," or "inc rp," "Inc," or "Co". A professional cor or the abbreviation "P.A."	orporated" or the abbreviatio poration name must contain	n "Corp.," 1 the word
3. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS )	- ,	1236
		<u> </u>	
			رق
Enter new mailing address, if applic (Mailing address MAY BE A POST O	able: FFICE BOX)		3:_
			Ö.
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	Vor registered office address in Florida, er registered office address:  ALEJANDRO DE LOS SANTOS	iter the name of the	
	8365 SW 152ND AVE		-
-	(Florida street address)	······································	_
Name Province and Office Address	A (1 A A 4 )	, Florida	
New Registered Office Address:	MIAMI	. Florida	

Check if applicable

 $\square$  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; 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 Doe	
X Remove	<u>V</u>	Mike Jones	4
<u>X</u> Add	<u>sv</u>	Sally Smith	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	SHIRLEY GONZALEZ	1435 NW 181 ST
Add			MIAMI, FL 33169
X Remove			
2) Change	VP	JUAN AYALA	1435 NW 181 ST
Add			MIAMI. FL 33169
X Remove 3) Change	S	ALFREDO FERRIGNO	1435 NW 181 ST
Add			MIAMI, FL 33169
X Remove			<u></u>
4) Change	P	ALEJANDRO DE LOS SANTOS	8365 SW 152ND AVE
X Add			MIAMI, FL 33193
Remove			
5) Change	VP ———	ANTONIA MERCADO	8365 SW 152ND AVE
X Add			MIAMI, FL 33193
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Attach additional she	ng additional Articles ets, if necessary). — (1	Be specificj			
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If an amendment pr	<u>rovides for an exchan</u> lementing the amend	ge, reclassificati ment if not cont:	on, or cancellation ained in the amen	n of issued shares, dment itself:	
(if not applicabl	lementing the amend le, indicate N/A)				
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	<u>,</u>				
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	6/15/2020	
The date of each amendment(s) ad	aption:	, if other than
date this document was signed.	6/15/2020	
Effective date <u>if applicable</u> :	0/15/2020	
<u>рр</u>	(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable partment of State's records.	e statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or boar	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The nufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approvided for a	oved by the shareholders through each voting group entitled to vote	h voting groups. The following statement separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were so	ufficient for approval
by		
,	(voting group)	
6/15/202	)	
Dated		_
Simutus		
selected	rector, president or other officer- by an incorporator – if in the had fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court
	SHIRLEY GONZALEZ	
	(Typed or printed nam	te of person signing)
	PRESIDENT	aro Se la Sorta
•	(Title of person signing	ng)