## P1700000 7046

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PROFESSIONAL	RECONDITIONIG CORF	
DOCUMENT NUN	P17000007046		
The enclosed Article	s of Amendment and fee are st	ibinitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	RAFAEL VASCONEZ		
		Name of Contact Person	n
	REV MULTI SERVICE INC	2	
		Firm/ Company	
	16499 NE 19 AVE SUITE 2	18	
		Address	
	N. MIAMI BEACH, FL. 331	162	
		City/ State and Zip Cod	e
RE	VMULTISERVICE@AOL.CO	M	
	E-mail address: (to be u	sed for future annual report	notification)
	on concerning this matter, pleas		
RAFAEL VASCON		at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## PROFESSIONAL RECONDITIONING CORP

(Name of Corporation	n as currently filed with the Flo	rida Dent. of State)		
P17000007046	William Committee and Committe	roa sept. of state		
(Docume	ent Number of Corporation (if kno	own)		<del>_</del> :
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	oration adopts the foll	owing amend	ment(s)
A. If amending name, enter the new name of the cor	poration:			
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 "Co". A profession	"incorporated" or t	The n he abbreviati nust contain i	ion
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 <u>MAY BE A POST OFFICE BOX</u>	<u></u>		ZÓ19 JÚN SECH-M	- - - <b>-</b>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, ente ffice address:	r the name of the	74 PH 3:	F TO
Name of New Registered Agent			2	
	(Florida street address)		<del></del>	
New Registered Office Address:	(City)	, Florida	(Zip Code)	_
			, contact	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the a	obligations of the posit	ion.	
Signat	ture of New Registered Agent, if c	hanging		

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	ANDRES MUNOZ	625 NW 159 AVE
Add			PEMBROKE PINEZ, FL. 33028
X Remove			
2) Change	P	DIANA PEREZ	625 NW 159 AVE
XAdd			PEMBROKE PINES, FL. 33028
Remove			
3 ) Change	VP	andres munos	625 nw 159 ave
Add			pembroke pines, FL. 33028
X Remove			
4) Change	VP	ANDRES MUNOS	625 NW 159 AVE
XAdd			PEMBROKE PINES, FL. 33028
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			-

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	06/05/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than t
	6/05/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
06/05/20 Dated	)19	
Signature	Diana Perez	
sefe	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	DIANA PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	