P17000014368

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SECRETARY OF STATE

Lunny

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Arla Enterprise Se	rvice Corp.		
	IBER: P1700014368		 	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Benita Coriano			
		Name of Contact Person	n	
	Jeeves Holiday Homes			
		Firm/ Company		
	7978 Lake Wilson Rd.			
		Address		
	Davenport FL 33896			
		City/ State and Zip Cod	c	
beni	ny@jeevesfloridarentals.com		/	
	· • •	sed for future annual report	notification)	
For further informati Benita Coriano	on concerning this matter, pleas		704-8986	
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number	
	for the following amount made			
S35 Filing Fee		□\$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			Address	
Aı	nendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	O. Box 6327		Building Evecutive Center Circle	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Arla Enterprise Service Corp

(Name of Corporation as currently	filed with the Florida Dept. of State	<u></u>)
P17000014368		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the	following amendr
A. If amending name, enter the new name of the corporation:		
		The ne
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Oword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation nam	r the abbreviation to must contain to
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		原 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
muning address have been sold of the boil		1 30 - 1
	·	<u> </u>
		<u> </u>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		m ω
Name of New Registered Agent		
		 _
(Florida stre	et address)	
New Registered Office Address:	, Florida_	(Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pe	osition.
Signature of New Ro	gistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of ea 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	<u>PT</u>	John Doe		
X_Change		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	TR	Andre Felipe Goncalves	916 Via Bianca Dr.	
Add X Remove			Davenport FL 33896	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	des, enter change(s) h (Be specific)	<u>nere</u> :		
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		<u> </u>		
•				
F. If an amendment provides for an exch	ange, reclassification	, or cancellation of issi	aed shares,	
provisions for implementing the amer	ndment if not contain	ed in the amendment i	tself:	
(if not applicable, indicate N/A)				
		- .		
		<u></u>		
	<u> </u>			
		-		
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		

The date of each amendment(s) adoption:	, if other
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be liste
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following sometist 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Signature Ala Garcafics (By a director, president or other officer – if directors or officers have not	
Signature Ala Princatres	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	been r court
appointed fiduciary by that fiduciary)	
Arla Goncalves	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	