P1700017377

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIAZ BOBCAT SI	ERVICES INC					
DOCUMENT NUMBER: P17000017377						
The enclosed Articles of Amendment and fee are sub	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Leona	rdo Vacias					
	Name of Contact Person					
Leona	ardo Macias Aceounting					
	Firm/ Company					
11354 ()(allest Drive					
<u> </u>	Address					
Miami, FL - 33157						
City/ State and Zip Code						
macias @ lenginacicom						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	e call:					
Leonardo Macias	ar 305 , 233-4722					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made p	payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address	Street Address					
Amendment Section	Amendment Section					

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

2018 OCT 22 AM 10: 10

DIAZ BOBCAT SERVICES INC

(Name of Corporation	n as currently filed with the Florida Dept. of State
P17000017377	n as currently filed with the Florida Dept. of State 1/24/3505 STATE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registere new registered agent and/or the new registered or	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
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 obligations of the position.
Signal	ture of New Registered Agent of 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 <math>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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP		ANDRES HERNANDEZ DIAZ	4001 E 10 AVE
X Add			·	HIALEAH FL 33013
Remove				
2) Change		<u> </u>		
Add				
Remove				
3)Change		_ -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
				
Add				
Remove				
6) Change		_		
Add				
Remove				

•	ditional sheets, i	f necessary).	(Be specific)				
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		<u>-</u>					
						 	
-							
							
							
			,				
							
<u>fan ame</u>	ndment provide	es for an excha:	nge, reclassific	eation, or cane	ellation of issu	ed shares,	
<u>provisio</u> i	ns for implemer	ting the ameno	<u>Iment if not co</u>	ntained in the	amendment it	self:	
(if ne	ot applicable, in	dicate N/A)					
			Marie Control of the				
							
							
					. .		

	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmaterial for approval.	ient(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following started voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholde	भ
* * *	R 12, 2018	
Dated	MD	
(By a c	firector, president or other officer — if directors or officers have not bed, by an incorporator — if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	
	LAUDELINA DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)