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R. Weili Z

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:JOEL STUC	CCO SERVICES INC.		
DOCUMENT NUMBER:	P17000035157			
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
	С	RISTINA ROSA		
·	Name of Contact Person			
	JOEL STUCCO SERVICES INC.			
<u> </u>	Firm/ Company			
	3733	N. GOLDENROD RD. #1	104	
	Address			
		ERPARK, FL. 32792		
		City/ State and Zip Cod	e	
	JOE	LKNOWSSTUCCOINC	@GMAIL.COM	
	E-mail address: (to be used for future annua	Il report notification)	
For further information con	cerning this matter, pleas	se call:		
CRISTINA	ROSA	407 at (541-9360	
Name of Co	ntact Person		ode & Daytime Telephone Number	
Enclosed is a check for 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)	
Mailing Address Amendment Section		Ameno	Address Iment Section	
Division (P.O. Box	of Corporations 6327		on of Corporations Building	
	ee, FL 32314	2661 E	Executive Center Circle assee, FL 32301	

, Articles of Amendment **Articles of Incorporation**

17 HIV 20 01 10: 5%

	of	U fin.	· 100 · 100
JOEL S	TUCCO SERVICES INC	1.0	• ,
(Name of Corporation a	s currently filed with the l	Florida Dept. of State) 4.6')	
P1	700035157		
(Docume	nt Number of Corporation (if known)	
ursuant to the provisions of section 607 acorporation:	7.1006, Florida Statutes, this	s corporation adopts the following	g amendment(s) to its Article
If amending name, enter the new n	ame of the corporation:		
me must be distinguishable and cor	itain the word "cornoration	W. H. Haamaan, II. on Gingomough	The new
Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc." or '	'Co". A professional corporation	name must contain the
Enter new principal office address,	if applicable:	3733 N. GOLDENROD I	RD. #104
Principal office address <u>MUST BE A S</u>		WINTERPARK, FL. 3279	92
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 620412	
		ORLANDO, FL. 32862	
If amending the registered agent ar new registered agent and/or the ne			<u>f the</u>
	w registered office address	<u>.</u>	
Name of New Registered Agent	3733 N. GOLDENROD	DD #104	
		treet address)	
	WINTERPARK	327	'92
New Registered Office Address:	(City	, Florida	(Zip Code)
	()		()
ew Registered Agent's Signature, if c	hanging Registered Agent	<u>.</u>	
ereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of	the position.
Si	gnature 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	<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>	Address
1) Change	٧	JOEL MARTINEZ	3733 N. GOLDENROD RD.
X Add			#104 WINTERPARK,FL.
Remove			32792
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	If amending or adding additional Articl	(D 10)	
	(Attach additional sheets, if necessary).	(Be specific)	
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į	provisions for implementing the amendr	ge, reclassification, or ca nent if not contained in t	ncellation of issued shares, he amendment itself:
	f an amendment provides for an exchan provisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or ca nent if not contained in t	ncellation of issued shares, he amendment itself:
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• • • • • • • • • • • • • • • • • • •	provisions for implementing the amendr	ge, reclassification, or ca nent if not contained in t	ncellation of issued shares, he amendment itself:

date this document was signed.	adoption:	_, if other than tr
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/11/20	17	
selec	directors, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court	_
арро	inted fiduciary by that fiduciary)	
	CRISTINA ROSA	
	(Typed or printed name of person signing)	_
	OWNER	
	(Title of person signing)	_