P17000035737

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**R 01 2021 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IV & GM SERVIC	ES CORP		
DOCUMENT NUMB				
The enclosed Articles (of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	LUIS CAYCHO			
•		Name of Contact Persor	1	
		Firm/ Company		
	16100 NE 9 COURT			
•		Address		
	NORTH MIAMI, FLORIDA	33162		
-		City/ State and Zip Code	2	
For further information	E-mail address: (to be us	sed for future annual report	notification)	
LUIS CAYCHO		at (⁷⁸⁶	514-6116	
Name o	f Contact Person	at (786) 514-6116 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ariment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IV & GM OFFICE SERVICES CORP

TV & GM OFFICE SERVICES CORF	at Character at Planta Day		
· 	rently filed with the Florida Dep	t. of State)	
P17000035737 (Document Numb	ber of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:		dopts the following ame	endment(s) to
A. If amending name, enter the new name of the corporation	n <u>:</u>		
	_	The	new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation is	or the abbreviation "Co	orp.,"
B. Enter new principal office address, if applicable:		22	
(Principal office address MUST BE A STREET ADDRESS)			
			
			;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
maining address MAT DE AT OST OTTICE, BOX		स	
		——————————————————————————————————————	
		<u> </u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	address in Florida, enter the na	me of the	
new registered agent and/or the new registered office add	uress.		
Name of New Registered Agent	<u> </u>		
(Flori	da street address)		
N - B - i d - A OVE - A Ada son		, Florida	
New Registered Office Address:	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligation	ns of the position.	
C:	New Registered Agent, if changing		
Signature of N	чем медіметей мдеш, ў спапдіпд		
Check if applicable			
☐ 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.

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	P	MARIA SALDANA	19301 NW 90 COURT
Add X Remove			HIALEAH, FL 33018
2) Change	P	LUIS CAYCHO	16100 NE 9 COURT
X Add			N. MIAMI BEACH, FL 33162
Remove Change			
Add			
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

The state of the s	cles, enter change((Be specific)				
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f an amendment provides for an excl	iange, reclassificat	ion, or cancella	tion of issued	shares,	
provisions for implementing the ame	nange, reclassificat	ion, or cancella ained in the ar	ition of issued nendment itse	shares, lf:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat indment if not cont	ion, or cancella ained in the ar	ition of issued nendment itse	shares, lf:	
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provisions for implementing the ame	nange, reclassificat indment if not cont	ion, or cancella	ation of issued	shares,	

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<u> </u>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were act by the shareholders was/were s	lopted by the shareholders. The number of votes east for the ar	nendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
02/04/202 Dated		
Signature V	Naria Galdena	
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	MARIA SALDANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	