## P17000055345

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Car	, 31 Service	25 Inc.
DOCUMENT NUMBE	R:	000055345	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Ca	Name of Contact Person	7
<del></del>		Cap 31 Service Firm/ Company	es Inc.
_	80	/ MW 47th Aug Address	es Inc. Apt w307
_	Mic	enty/State and Zip Cod	36
	E-mail address: (to be us	os Services @ sed for future annual report	gmailcom motification)
For further information of	concerning this matter, pleas	se call:	
Orbin Name of	Ardoin Contact Person	at ( 786 Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made [		,
\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

## Articles of Amendment to Articles of Incorporation of

2019	1/50
Sty	14 04
<u>té</u> )' '.,	' <sup>79</sup> 3: 18

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( <u>Name of Corpora</u>	tion as currently	filed with the Florida Dept, of State	1 1/7 J.
Cap 31	Sprvices.	Inc.	4 1
		Corporation (if known)	4. 3.
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <b>F</b>	Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the	corporation:		}
		T	he new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or th	p, "Inc," or "C	Co". A professional corporation name must co	reviation
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u> )	801 NW 47th Ave Apt. Miami, FL 33124	<u> </u> <u> </u> 307
D. If amending the registered agent and/or regist new registered agent and/or the new registered			
Name of New Registered Agent			
	(Florida stre	et address)	
New Registered Office Address:		, Florida	<u> </u>
	(	City) (Zip Co	de)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ith and accept the obligations of the position.	
	nature of New Re	egistered Agent, if changing	

•			
address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be not a change, Mike Jones l	er and/or I  ets, if neces director tit e Presiden  O = Chief erer, Direct ed in the fo eaves the o	Director being added: sary) le by the first letter of the office title: lt: T= Treasurer: S= Secretary: D= Director, Financial Officer. If an officer/director hold for would be PTD. Ollowing manner. Currently John Doe is listed corporation, Sally Smith is named the V and S	officer/director being removed and title, name, and  ; TR= Trustee; C = Chairman or Clerk; CEO = Chief  s more than one title, list the first letter of each office  d as the PST and Mike Jones is listed as the V. There is  These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remo Example: X Change	ve, and Sa <u>PT</u>	lly Smith, SV as an Add.  John Doe	
X Remove	<u>V</u>	Mikę Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>V P</u>	Camila Guzmanla	Miami, FL 33174
Remove 2) Change Add	<del></del> .		
Remove 3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add	<del></del>		
Remove  Change			
Add Remove			

(Attach ada	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
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If an amar	ment provides for an exchange, reclassification, or cancellation of issued shares,	
provision	for implementing the amendment if not contained in the amendment itself:	١
(if no	pplicable, indicate N/A)	
		<u> </u> 
		_
<del></del>		
		_ {

The date of each amendment(s) adoption:, if othe date this document was signed.	r than
Effective date <u>if applicable</u> :  (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, this date will not be lis document's effective date on the Department of State's records.	ted as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/22/19 Signature Colli Ceuli	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-
President (Title of person signing)	<b>-</b>

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