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COVER LETTER .

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: SILES SERVICES	AND REPAIR CORP			
DOCUMENT NUMBE			<u>. </u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
10	OSE LORENZO				
		Name of Contact Person	1		
](JOSE LORENZO TAX SERVICE INC				
_		Firm/ Company	 		
50	19 S ROYAL POINCIANA	BLVD APT 207			
_		Address	·		
N	HAMI SPRINGS, FL 33166				
_		City/ State and Zip Cod	e •		
in and the	-landa Grannil				
Joseyno ———	slanlorenzo@gmail.com	sed for future annual report	/		
	n-mail address; (to be us	sed for future annual report	nouncados)		
For further information of	concerning this matter, pleas	se call:			
JOSE SILES BAEZ		at (389-6694		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he 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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Bailding executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SILES SERVICES AND REPAIR CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000067733	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	• The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	ion." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1
	50 (c) -1
C. Enter new mailing address, if applicable:	N/A 25% 5 E
(Mailing address MAY BE A POST OFFICE BOX)	<u>rr;" </u>
	1 ω
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>58:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	
r nereo, weetprine appoinment as registered agent. I am juntatu	- тал яли иссерт не отяршоть од на ромнот.
Signature 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>	<u> John Doe</u>	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u>	LIDIA PEREZ DIAZ	4480 PALM AVE APT 104
X Add			HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 	 .	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u>.</u>
Add			
Remove		•	

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
-	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date with partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) liteient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
11/14/2017		
Dated		
Signature		_
selecte	rector, president or other officer – if directors or officers have not been f, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	JOSE SILES BAEZ	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 – –

. . . .