## P1700000000

(Requestor's Name)	
	11
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	II.
(Business Entity Name)	
(Document Number)	
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2017 SEP 18 AH St 41



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TM TOTAL S	ERVICE CORP
DOCUMENT NUMBER: P17000070100	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
NORMAND A ROCHA	
-	Name of Contact Person
UNIVERSAL LEGAL (	CENTER
-	Firm/ Company
2525 PONCE DE LEON	BLVD. SUITE 300
-	Address
CORAL GABLES, FL	
	City/ State and Zip Code
miguelmilanom@gmail.com	
• • • • • • • • • • • • • • • • • • • •	be used for future annual report notification)
E-man address. (to	be used for future annual report notification)
For further information concerning this matter,	please call:
	P151102 - 5411.
Normand Rocha (Universal Legal Center)	at ( ) 615-0076
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount in	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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



TM TOTAL SERVICE CORP

(Name of Co	rporation as currently f	iled with the Florida Dept. of State)
P17000070100	1	
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	;  Florida Statutes, this <i>Fl</i> o	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name o	the corporation:	
N/A		The new
	"Corp." "Inc." or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
P. Enter non principal office address if any	 slicable:	N/A
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	1	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		N/A
	I	
	1	
	ı	
D. If amending the registered agent and/or		s in Elasida, antar the name of the
new registered agent and/or the new reg		s in Florida, enter the name of the
N. W. C. W. D. J. W. J. C. N/A		
Name of New Registered Agent N/A		
IN/A		
N/A	(Florida street	
New Registered Office Address:	<u>!</u>	, Florida N/A
	<i>(C</i>	(iy) (Zip Code)
New Registered Agent's Signature, if changi	in Posistared Agents	
I hereby accept the appointment as registered of		h and accept the obligations of the position.
	I N/A	
	1 /	
	A Signature of New Reg	istered Agent, if changing

Executive Officer; CFO held. President, Treasurer Changes should be noted	President = Chief F r, Directo in the fol ves the ce	; T= Treasur Financial Offior From would be F Flowing mann Forporation, S	er; S= Secretary; D= Director; TR= 7 icer. If an officer/director holds more TD.  er. Currently John Doe is listed as the ally Smith is named the V and S. These	Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office  PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	ine	Address
1) Change	VP	- YO	DSMAIRA C MENDEZ	10506 NW 66TH STREET
Add				DORAL, FL 33178
X Remove				
2) Change				
Add			<u> </u> 	
Remove				
3 ) Change	<del></del>		1	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del>-</del> —	- <del> </del> -	
Add			1	

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)

\_\_\_ Remove

. If amending or adding additional A	rticles, enter change(s) here:
(Attach additional sheets, if necessary,	). (Be specific)
N/A	
	<del>-  </del> -
	<u> </u>
	I and the second se
	1
	1
. It an amendment provides for an ex	change, reclassification, or cancellation of issued shares, need ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ñ/A	
	-
	T.
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the fState's records.
Adoption of Amendment(s) (CI	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 endment(s) was/were sufficient for approval
by	···
(va	oling group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
9/6/17 Dated	
<b></b>	Well
Signature(By a director, pre	sident or other officer – if directors or officers have not been
selected, by an inc	rorporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
MIGUEL	EMILANO
	(Typed or printed name of person signing)
PRESIDE.	l T
	(Title of person signing)