## P-17000072111

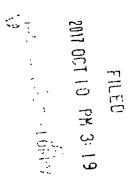
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ELM MULTISERVCES INC DOCUMENT NUMBER: P17000072111 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THAMARA PEREZ Name of Contact Person TABADESA ASSOCIATES Firm/ Company 419 W 49TH ST SUITE111 Address HIALEAH, FL 33012 City/ State and Zip Code TAMMYP@TABADESA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THAMARA PEREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

	01			
ELM MULTISERVCES	2017 OCT 1 O	PM 3: 19		
(Name of Corporation a	s currently filed with the Flo	rida Dept. of State)		. 1 £ m
P17000072111			E - CORIO.	
(Docume	nt Number of Corporation (if k	nown)	37	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
ELM MULTI SERVICE II	NC			<i></i>
name must be distinguishable and con-	stain the word "commonstion"	' "aammann " am "in		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or "Co	". A professional co		
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS )		-	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent an		s in Florida, enter the	name of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	THAMARA PERE	Z į		
	419 W 49TH ST S	SUITE111		
	(Florida street	address)		
New Registered Office Address:	HIALEAH	F1	<sub>rida</sub> 33012	
New Registered Office Address.	(City)	rio	(Zip Code)	
	•		• •	
New Registered Agent's Signature, if c	hanging-Registered Agent			
I hereby accept the appointment as regist	ered agént. I am familiar with	, and aecept the obliga	tions of the position.	
	<i>V</i> /			

Signature of New Registered Agent, if changing

If amending the Officers address of each Officers (Attach additional sheets, Please note the officer/dir P = President; V = Vice of Executive Officer; CFO sheld. President, Treasure, Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove, Example:	and/or D if necess rector title President = Chief F r, Directo in the fol ves the co	irector b ary) e by the f ; T= Tre inancial or would d lowing n orporatio	eing added:  asurer; S= Secretary; to  Officer. If an officer/officerTD.  anner. Currently John  on, Sally Smith is named	tle: D= Director: TR= Tr lirector holds more th Doe is listed as the I	nustee: C = Ch han one title, li PST and Mike J	airman or Clerk; CEC ist the first letter of ea lones is listed as the V.	) = Chief uch office There is	
X Change	<u>PT</u>	John Do	<u>oe</u>					
X Remove	Y	Mike Jo	Mike Jones					
X Add	<u>SV</u>	Sally Sr	<u>nith</u>					
Type of Action (Check One)	Title		Name		<u>Addres</u> s			
1) Change		_						
Add								
Remove								
2) Change		_						
Add								
Remove								
3) Change		_						
Add						<del>-</del>		
Remove								
4) Change								
Add		_						
Remove								
5) Change		_						
Add								
Remove								
6) Change		_						
Add		_						
Remove								

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary), (Be specific)	
Action additional sneets, if necessary, the specific	
<del></del>	
<del>-</del>	
f an amendment provides for an exchange, reclassification, or cancellation of	issued shares.
provisions for implementing the amendment if not contained in the amendme	ent itself:
(if not applicable, indicate N/A)	
	Į

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file	date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes east 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 a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and staction was not required.	archolder
Dated_10/05/2017	
Signature Elias And	
(By a director, president or other officer - if directors or officers h	
selected, by an incorporator—if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
ELIAS A. LORA MORREBEL	
(Typed or printed name of person signing	3)
PRESIDENT	
(Title of person signing)	