## P170000/7115

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: M3 MULTISERV	ICES CORP		
DOCUMENT NUMB	ER: P17000077115		· · · · · · · · · · · · · · · · · · ·	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIA A MORALES			
		Name of Contact Person	1	
-		Firm/ Company		
	1841 GOODRICH AVE			
·		Address		
	WINTER PARK, FL 32789			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
		at (	_)	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 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 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

M3 MULTISERVICES CORP

CORP	<del>.</del>		
<del></del>	of Corporation as currer	itly filed with the Florida Dep	ot. of State)
P17000077115		<del></del>	<del></del>
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation a	idopts the following amendment(s) to
A. Hamending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent	,, N/A		
<u></u>	N/A		
	(Florida s	street address)	<del> </del>
New Registered Office Address:	N/A		, Florida N/A
New negative office statuess.		(City)	(Zip Code)
New Registered Agent's Signature, if c			3. 9
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligation	ns of the position.
	Signature of New	Registered Agent, if changing	5: W

## 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>	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>	<u>Addres</u> s
l) Change	VP	JOSE R. VIVAS	14119 EASTLAND LN
XX_Add			TAMPA, FL 33625-6410
Remove			N/A
2) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
3) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  Mr. Jose R Vivas purchased 10% of the company stock and from 10/26/2017 He is the owner of the 10% of
M3 MULTISERVICES CORP, the other 90% corporate stocks are owned by Maria A and Kelvin A Morales
N/A

	10/26/2017	
The date of each amendment(s) date this document was signed.		, if other than the
<del>-</del>	0/26/2017	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment( sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ег
action was not required.		
10/26/20 Dated Signature		
(By selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	MARIA A MORALES - PRES	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	