P17000083933

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALL YOU NEED	MIAMI SERVI	CES. CORI) 		
DOCUMENT NUME	D17000003033					
The enclosed Articles	of Amendment and fee are su	bmitted for filin	g.			
Please return all corres	pondence concerning this mat	ter to the follow	ving:			
	JOSE GANCEDO CPA					
		Name of Co	ntact Person	1		
	GANCEDO ACCOUNTING SOLUTIONS, INC					
		Firm/ C	ompany			
	2883 WEST 2ND AVENUE					
		Add	ress			
	HIALEAH, FLORIDA 3301	0				
		City/ State a	nd Zip Code			
JOSE	GANCEDO@BELLSOUTH	NET				
	E-mail address: (to be us		nual report	notification)		
For further information	n concerning this matter, pleas	se call:				
JOSE GANCEDO	at (305	863-0373			
Name	of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the F	lorida Depa	irtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified C (Additional enclosed)	Гору	□\$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	
ALL YOU NEED MIAMI SERVICES.CORP,	
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P17000083933	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	700
C. Enter new mailing address, if applicable:	किंग क
(Mailing address MAY BE A POST OFFICE BOX)	
	- 第21 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	×
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	ity) (Zip Code)
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

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>	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
1) Change	P	ANA CAROLINA	1900 S TREASURE DRIVE 6N
Add			NORTH BAY VILLAGE
X Remove			FLORIDA, 33141
2) Change	P	ANA CAROLINA M DE SA	1900 S TREASURE DRIVE 6N
X Add			NORTH BAY VILLAGE
Remove			FLORIDA, 33141
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
J/A	
	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
·	
	

The date of each amendment(s) adoption:late this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	approval
by	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
Dated $\frac{1}{\sqrt{2017}}$	
Signature / Quu /	
(By a director president or other officer - if director	
selected, by an incorporator – if in the hands of a rec	eiver, trustee, or other court
appointed fiduciary by that fiduciary)	
HAUL AOUN (Typed or printed name of person	<u></u>
(Typed or printed name of person	signing)
Vice President	
(Title of person signi	ng)