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| (Business Entity Name)                  |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR           | RATION: FACILITY PLUS   | SERICES INC  |   |  |
|--------------------------|---|--|---|--|
| DOCUMENT NUMB            | BER: P18000006296   |  |   |  |
| The enclosed Articles    | of Amendment and fee are su   | bmitted for filing.  |   |  |
| Please return all corres | pondence concerning this ma   | tter to the following:   |   |  |
|                          | LUIS R FONTS  |  |   |  |
|                          |   | Name of Contact Persor   | 1   |  |
|                          | FACILITY PLUS SERICES INC   |  |   |  |
|                          |   | Firm/ Company  | _   |  |
|                          | 4501 SW 97 CT   | , ,  |   |  |
|                          | <del></del> -   | Address  |   |  |
|                          | MIAMI, FL 33165   |  |   |  |
|                          |   | City/ State and Zip Code   | e   |  |
| feliut                   | ax@yahoo.com  |  |   |  |
| <del>~</del>             | E-mail address: (to be us   | sed for future annual report                                       | notification)   |  |
| For further information  | n concerning this matter, pleas   | 305  | 978-9406  |  |
| Name (                   | of Contact Person   | at (   | )<br>de & Daytime Telephone Number  |  |
|                          | r the following amount made p   |  |   |  |
| ■ \$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)  |  |
| Ame<br>Divi<br>P.O.      | ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301 |  |

## Articles of Amendment to Articles of Incorporation of

## FACILITY PLUS SERICES INC

| (Name of Corporation  | n as currently filed with the Florida Dept. of State)  |
|---|--|
| P18000006296  |  |
| (Documer  | nt Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:                                       | Statutes, this Florida Profit Corporation adopts the following amendment(s) t  |
| A. If amending name, enter the new name of the corp   | poration:  |
| FACILITY PLUS SERVICES INC  | The new  |
|   | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:   | N/A  |
| (Principal office address MUST BE A STREET ADDR.  | RESS )   |
|   | 18   |
|   |  |
| C. Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
|   |  |
|   | E: 0   |
| <ol> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered off</li> </ol> |  |
| N/A   |  |
| Name of New Registered Agent  |  |
|   |  |
|   | (Florida street address)   |
| New Registered Office Address:  | , Florida  |
|   | (City) (Zip Code)  |
|   |  |
| New Registered Agent's Signature, if changing Regist  | tered Agent:   |
| hereby accept the appointment as registered agent. I a  | am familiar with and accept the obligations of the position.   |
|   |  |
|   |  |
| Signat  | ure 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<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Add                           |              |             | <del> </del>    |
| Remove                        |              |             | <del></del>     |
| 2) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 3 ) Change                    |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              | <del></del> |                 |
| Add                           |              |             | <u> </u>        |
| Remove                        |              |             |                 |
| 6)Change                      |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)                                       |                     |                                      |             |
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| f an amendment provides for an exc<br>provisions for implementing the ame        | <u>hange, reclassificati</u><br>endment if not cont | on, or cancellation | n of issued shares,<br>dment itself: |             |
| (if not applicable, indicate N/A)  |   |                     |                                      |             |
|  | <u>_</u>  |                     |                                      |             |
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|                               | •  | , if other than the |
|-------------------------------|--|---------------------|
| date this document            | t was signed.  |                     |
| Effective date <u>if a</u>    | applicable:  |                     |
|                               | ipplicable:  (no more than 90 days after amendment file date)  |                     |
|                               | inserted in this block does not meet the applicable statutory filing requirements, this date will nive date on the Department of State's records.  | ot be listed as the |
| Adoption of Ame               | endment(s) ( <u>CHECK ONE</u> )  |                     |
|                               | nt(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) olders was/were sufficient for approval.   |                     |
|                               | nt(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):                                 |                     |
| "The nun                      | nber of votes cast for the amendment(s) was/were sufficient for approval   |                     |
| by                            | (voting group)   |                     |
|                               | (voting group)   |                     |
| ☐ The amendmen action was not | nt(s) was/were adopted by the board of directors without shareholder action and shareholder required.  |                     |
| ☐ The amendmen                | nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.   |                     |
|                               | 01/29/2018<br>Dated  |                     |
|                               | Signature  |                     |
|                               | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | -                   |
|                               | LUIS R FONTS   |                     |
|                               | (Typed or printed name of person signing)  |                     |
|                               | PRESIDENT  |                     |
|                               | (Title of person signing)  | <del></del>         |