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2018 OCT 29 PM 12: 59

C. GOLDEN
NOV - 5 2019

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: C & S GENERAL	SERVICES, CORP	
DOCUMENT NUMBE			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Р	AULO GOMES		
_		Name of Contact Perso	n
C	OMES INSURANCE & A	CCOUNTING CORP	
_	······································	Firm/ Company	
1	29 SW 15TH STREET	. ,	
~		Address	
D	DEERFIELD BEACH, FL 3	3441	
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	c
paulo@	gomesins.com		
	=	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
PAULO GOMES		at (	531-1451
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
	ng Address		Address
	dment Section on of Corporations		Iment Section on Corporations
	Box 6327		Building
	assee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 OCT 29 PM 12: 59

C & S GENERAL SERVICES, CORP

(Name	of Corporation as curren	itly filed with the Florida Dept. of State) 14 ARY OF STATE	
P18000006592		TALLAHASSEE, FL	
	(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 adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
		The new	
	nation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		3907 N FEDERAL HWY STE 313	
		POMPANO BEACH, FL 33064	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3907 N FEDERAL HWY STE 313	
		POMPANO BEACH, FL 33064	
D. M		A	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent			
	3907 N FEDERAL HW	Y STE 313	
	(Florida :	street address)	
New Registered Office Address:	POMPANO BEACH		
		(City) (Zip Code)	
New Registered Agent's Signature, if of the I hereby accept the appointment as regis		nt: r with and accept the obligations of the position.	
, merca, accept me approximation and ega-		The und text of the vivigations of the promise.	
	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 officer 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	$\underline{\mathbf{v}}$	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	VP	SYLVIA DIAS	3530 W HILLSBORO BLVD #206
Add X Remove			
2) X Change	Р	CARLOS DIAS	3907 N FEDERAL HWY STE 313
Add			POMPANO BEACH, FL 33064
Remove			
3 ) Change		<del>_</del>	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Demove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, revisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		(Be specific)		
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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 amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	ag requirements, this date will not be listed $\sim 3 \epsilon$
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	```
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholds action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated 10/24/2018	
Signature Cambon	
(By a director, president or other officer - if directors or	
selected, by an incorporator - if in the hands of a receive appointed fiduciary by that fiduciary)	er, trustee, or other court
Carlos Dias	
(Typed or printed name of person sig	ning)
Tresidut	
(Title of person signing)	