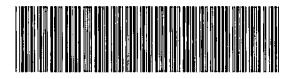
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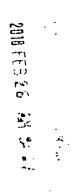
(Requestor's Name)
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(Business Entity Name)
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FEB 28 2018 JMCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LERLYL SERVIC	E PLUS CORP			
DOCUMENT NUMB	ER: P18000014604				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ARTURO MARTINEZ				
•		Name of Contact Person	n		
	LERLYL SERVICE PLUS CORP				
-		Firm/ Company			
	5408 NW 202 TER				
		Address			
	MIAMI GARDENS, FL 330	55			
·	·	City/ State and Zip Cod	e		
ARTU	JRORICARDO3@YAHOO.	СОМ			
 , ,		sed for future annual report	notification)		
For further information	concerning this matter, please	se call:	877-7779		
Name of Contact Person		at (Area Co	de & Daytime Telephone Number		
	the following amount made				
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of



LERLYL SERVICE PLUS CORP

(Name o	of Corporation as current	ly filed with the Florida Dept. of State)
P18000014604		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
R. Fatar now principal affice address	if annlicable:	5408 NW 202 TER
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI GARDENS, FL 33055
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
		
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Ayent	ARTURO MARTINEZ	
	5408 NW 202 TER	
	(Florida st	reet address)
New Registered Office Address:	MIAMI GARDENS	. Florida 33055
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t <u>:</u> with and accept the obligations of the position.
	AM.	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	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P	YADIRA RIOS	5408 NW 202 TER	
Add			MIAMI GARDENS, FL 33055	
X Remove				
2) Change	Ь	ARTURO MARTINEZ	5408 NW 202 TER	
X Add			MIAMI GARDENS, FL 33055	
Remove				
3) Change	<u></u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
··	
rovisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
in the appropriate that the state of the sta	
The same appearance of the control o	
The state of the s	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
02/21/2013	8	
Dated	ASD)	
Signature * (4		
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	YADIRA RIOS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	•