## P18000020861

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Amend

APR 2 7 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAITE SERVICE	ES CORP	
DOCUMENT NUME	P18000020867		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MAITE JIMENEZ BRITO		
		Name of Contact Person	1
		Firm/ Company	
	321 NE 23RD PL		
		Address	
	CAPE CORAL, FL 33909		
•		City/ State and Zip Cod	e
maite	jimenez75@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MAITE JIMENEZ BF		at (	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MAITE SERVICES CORP

(Name o	f Corporation as curren	ntly filed with the Florida D	ept. of State)	
P18000020867				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i>	adopts the following amendment	(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	"Co". A professional corp		
		N/A		
B. Enter new principal office address, (Principal office address MUST BE A ST				
	· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if appli	cable:	27/4		
(Mailing address MAY BE A POST of		N/A	The second secon	
			Live Land	
				• • • •
			67:	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr.	ldress in Florida, enter the	name of the	
	MAITE JIMENEZ BRI		L.F	
Name of New Registered Agent	-			
	N/A	street address)		
New Registered Office Address:	IVA	(City)	, Florida(Zip Code)	
		(Cajy	(Zip Cont)	
New Registered Agent's Signature, if cl	hanging Registered Age	ent:		
I hereby accept the appointment as regist	ered agent. I am familia	ar with and accept the obligat	tions of the position.	
	Marte huis	Ne Brito w Registered Agent, if changi		
	Signature of New	w Registered Agent, if changi	ng	

## 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.

Mike Jones, v as Kemove	, ана заг	iy Simin, Sv as an Ada.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>s</u> v	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove			
3 ) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

Attach additional sheets, if necessary).	<u>rticles, enter change(s) here</u> : . <i>(Be specific)</i>
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· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
4	

The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
	19/2018
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days agree amenament file date)
<b>Note:</b> If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
4/19/201 Dated	B
Signature	Mate Lewer Boto.
(By a	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	MAITE JIMENEZ BRITO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)