Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000884143)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BROTHERS MULTISERVICIOS

Account Number : 120180000001 Phone : (954)300-1609 : (954)252-2487 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

BROTHERSMULTISERVICIOS@GMAIL.COM

COR AMND/RESTATE/CORRECT OR O/D RESIG HERME'S DECORATING INC

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T. LEMIEUX

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COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	DRATION: HERMES DECO	RATING INC	
DOCUMENT NUM	IBER: P18000022409		
The enclosed Article.	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	HERMELINDO SALIC YO		
		Name of Contact Person	n
	HERME'S DECORATING I	NC	
		Firm/ Company	
	3789 DAVIS RD APT 4	. ,	
		Address	
	PALM SPRINGS, FL 33461		
		City/ State and Zip Cod	e
BRO	OTHER\$MULTISERVICIO\$(@GMAIL.COM	
-	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
HERMELINDO SA	LIC YOC	at (541-8476
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
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)
	ailing Address		Address
	nendment Section		lment Section
	vision of Corporations D. Box 6327		on of Corporations Building
	llahassee, FL 32314		xecutive Center Circle
			issee, FL 32301

19542522487 From: JAIME GUZMAN

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Articles of Amendment Articles of Incorporation of

(Name	of Corporation as curren	dy filed with the Florida Dept	t. of State)
P18000022409			·
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	<u></u>
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
D. If amending the registered agent an new registered agent and/or the ne			ne of the
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·
	Florida e	reet addressj	
	NIZA	·	
New Registered Office Address:		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			71
	Signature of New	Registered Agent, if changing	2011 HAR STOREST

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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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D \sim Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO \sim Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	17.1	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	FLOR MUNGUIA	3789 DAVIS RD APT 4
Add			PALM SPRINGS, FL 33461
X Remove			
2) X Change	Р	HERMELINDO SALIC YOC	3789 DAVIS RD APT 4
Add			PALM SPRINGS, FL 33461
Remove			
3.) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o			
6) Change			
Add			
Remove			

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. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
WA.	
· · · · · · · · · · · · · · · · · · ·	
	
-	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
∜ A	
	

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The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
3/19/2018 Dated
Simmum loss
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)
FLOR MUNGUIA
(Typed or printed name of person signing)
PRESIDENT
(Fitle of person signing)