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SECRETARY OF STAI

C. GOLDEN AUG 1 4 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: L.V.C MULTISER	VICES INC				
DOCUMENT NUMB	ER: P18000025708					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
!	IMARA VIAMONTES					
-	Name of Contact Person					
-	Firm/ Company					
	1687 W 59TH ST					
-	Address					
1	HIALEAH, FL 33012					
_		City/ State and Zip Code	3			
LASU	RENA@COMCAST.NET					
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
IMARA VIAMONTES		at (305	805-3361			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		ment Section n of Corporations Building xecutive Center Circle				

Articles of Amendment to Articles of Incorporation of

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I.V.C MULTISERVICES INC

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(Document Number of Oursuant to the provisions of section 607.1006, Florida Statutes, this F is Articles of Incorporation:		
ts Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1687 W 59TH ST	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1687 W 59TH ST	
(Mailing address MAT BE A POST OFFICE BOX)	HIALEAH, FL 33012	
D. If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent N/A		
(Florida stree	t address)	
New Registered Office Address:	. Florida	
	City) (Zip Code)	

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			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	ADALIS MOLERO	1687 W 59TH ST		
Add			HIALEAH, FL 33012		
X Remove					
2) Change	SECR	DIMITRI TELLEZ	20213 NW 39 CT		
Add			MIAMI GARDENS, FL 33055		
X Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change			····		
Add					
Remove					
6) Change		_			
, Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

men a company of the company of	08/09/2018	_ , if other than the
The date of each amendment date this document was signed	(*/ ***	If Other than the
' date uns document was signed	N/A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	n(s)
	re approved by the shareholders through voting groups. The following state of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/09	/2018	
Dated		
_,	$Om \times L$	
Se	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other co populated fiduciary by that fiduciary)	
	IMARA VIAMONTES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	