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APR 30 AHII: 3

R. WHITE MAY 03 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EV MULTIERVIC	ES OF PSL INC		
DOCUMENT NUME	BER: P18000036181			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	EVERT GUTHERREZ		_	
	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Contact Persor	1	
	EV MULTISERVICES OF P	SL IN		
		Firm/ Company		
	3833 SW CHERIBON ST	Time Company		
	Address			
	PORT ST LUCIE FL 34953			
		City/ State and Zip Code	3	
egnvo	o48@gamil.com			
	~~	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
evert gutierrez		at (2241979	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clitton 266 l E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation FILED

18 APR 30 AH 11: 31

EV Multiservice	S OF PSL of Corporation as curre	Inc.	orida Dent. of State)
p18000036181			
	(Document Numbe	er of Corporation (if kno	own)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corp</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	<u>.</u>	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	or "Co". A profession	The new refine or the abbreviation al corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			
D. If amending the registered agent an new registered agent and/or the new	w registered office add		er the name of the
Name of New Registered Agent	evert gutierrez		
	3833 sw cheribon st	a street address)	
New Registered Office Address:	port st lucie		34953 . Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ag tered agent. I am famili	ent: iar with and accept the	obligations of the position.

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 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 Doc	
X Remove	<u>V</u>	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	evert gutierrez	3833 sw cheribon st
Add			port st lucie fl 34953
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
Change			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

, amen amanion	adding additional Ar	. (Be specific)	<u></u>		
			 		
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lf an amendme	nt provides for an exc implementing the am	change, reclassific	ation, or cancella	tion of issued shar	<u>25.</u>
(if not an	licable, indicate N/A)	ienument it sot co	mamed in the am	enament tisen.	
(9	,				
					
	•				
		<u> </u>			

The date of each amendment(s) ac	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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 4	25-2018	
Signature		_
(By a d	firector, 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	
appoin	nted fiduciary by that figureiary)	
	ituettens	
	(Typed or printed name of person signing)	
	- - +	
	MEESIDENI.	
	(Title of person signing)	