## P180000 41691

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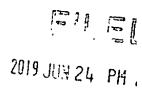
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ELOY SERVICE A	AND REPAIR CORP	
DOCUMENT NUMB	P1S000041691		
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ELOY G PEREZ		
	ELOY SERVICE AND REP	Name of Contact Person MR CORP	1
	4402 E.8 LN	Firm/ Company	
	HIALEAH, FL 33013	Address	<u> </u>
		City/ State and Zip Code	:
eloyic	osy@yahoo com		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	reoncerning this matter, pleas	se call:	
ELOY PEREZ		305302368	J
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	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Americ Divisio Clifton	Address Iment Section on of Corporations Building Executive Cemer Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ELOY SERVICE AND REPAIR CORP.

(Name of Corporation : P18000041691	as currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	<del>pration:</del>
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abl	'corporation," "company," or 'incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florada street address)
New Registered Office Address:	. Florida
<u> </u>	(City) (Zip Code)
New Registered Agent's Signature, if changing Registo I hereby accept the appointment as registered agent. La	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re 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 officeridirector 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.

X Change	$\overline{\text{b.t.}}$	<u>John Doc</u>			
<u>S</u> Remove	Y	Mike Jones			
X Add	<u>8V</u>	<u>Sally Smith</u>			
Type of Action (Check One)	Title	Name	Address		
1) Change	S	RODRIGUEZ, JOSE ANGEL	112 LONE PINE TER		
X Add			HALLANDALE, FL 33009		
Remove					
	S	SERNA HERNANDEZ, JOSE LUIS	1421 SW 3RD ST		
2) Change X			AIT 203		
Add			MIAMI, FLORIDA 33135		
Remove					
3 + Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
o) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).		<del></del>			
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f an amendment provides for an exch	ange, reclassificat	ion, or cancellat	ion of issued s	hares,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not con</u> t	lained in the ame	endment itself	<u>:</u>	
	<del></del> -				
			<del></del>		
		**			

06/20/2019	te a la la
The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department of State's records.	I not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval  ELOY G PEREZ by	
(voing 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.	
06-20-19	
Dated	
6/100/	
Signature (By a director, president or other of 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)	
ELOY G PEREZ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	***