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.

(((H180Q03049873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PROFESSIONAL SERVICES

Account Number : I20040000024

: (786)303-5010

Phone Fax Number

: (305)403-1061

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

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TRES MARIA CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

OCT 23 7018

Electronic Filing Menu

Corporate Filing Menu



Lul.

÷

TO: Amendment Section

Division of Corporations

COVER LETTER

	D100D0044660		
DOCUMENT N	UMBER: P18000044662		
The enclosed Arti	icles of Amendment and fee are subm	itted for filing.	•
Please return ail c	correspondence concerning this matter	to the following:	
	FRANK DIAZ		
		Name of Contact Pers	90n
		Firm/ Company	
	3128 CORAL WAY		
		Address	
	MIAMI FL 33145		
		City/ State and Zip Co	ode
р	professionalservices55@gmail.com		
_	E-mail address: (to be used	for future annual repo	ort notification)
For further inform	nation concerning this matter, please o	ali:	
frank diaz		786 et (303-5010
Nt	ame of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made pay	able to the Florida De	epartment of State:

Certified Copy

enclosed)

(Additional copy is

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

10/22/2018 11:11 PROFESSIONAL SERVICES, LLC

C (FAX)305 403 1061 P.003/006
Articles of Amendment (FAX)305 403 1061

Articles of Amendment to Articles of Incorporation of

	of	
tres maria corp		
(Name of Corpora	tion as currently filed with the Florida Dept. of S	tate)
P18000044662		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	p," "Inc," or "Co". A professional corporation nee abbreviation "P.A."	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or registered agent applicable:	ered office address in Florida, enter the name of t	SEE FLOROA
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Floric	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re i hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the	: position.
Sig.	nature of New Registered Agent, if changing	

			RVICES, LLC	(FAX)305 403 1061 P.004/	
address of each Officer a (Attach additional sheets, Please note the officer/dir	and/or D if necess	irector be <i>ary)</i>		mrector peing removed and title, name,	ало
P = President; V= Vice I	President = Chief F	; T= Tred inancial	isurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more ti	ustee; C = Chairman or Clerk; CEO = C han one title, list the first letter of each o	Chief office
Changes should be noted	in the fol ves the co	llowing m orporation	anner. Currently John Doe is listed as the F n, Sally Smith is named the V and S. These s		
Example: X Change	PT	John Do			
X Remove	<u>∨</u>	Mike Jo			
X Add	_ <u>SV</u>	Sally Sm			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	PSD	_	IVAN LOPEZ	3128 CORAL WAY	
X Add				MIAMI, FL 33145	
Remove					
2) Change	PSD	_	FRANK DIAZ	3128 CORAL WAY	
Add				MIAMI, FL 33145	
X Remove					
3) Change		_	<u></u>		
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6)Change		_			
Add					

Remove

, , , , , , , , , , , , , , ,	Articles, enter change(s) here: y). (Be specific)	
_		
-		
·		
		····
f an amendment provides for an exprovisions for implementing the a (if not applicable, indicate N/A)	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:	
		•

10/22/2018	11:12 PROFESSIONAL SERVICES, LLC	(FAX)305 403 1061	P.006/006
	ch amendment(s) adoption:		_, if other than the
Effective date	if applicable:		
	ff applicable: (no more than 90 days aj	ler amendment file date)	
	ate inserted in this block does not meet the applicable statective date on the Department of State's records.	utory filing requirements, this date will	not be listed as the
Adoption of A	mendment(s) (CHECK ONE)		
	nent(s) was/were adopted by the shareholders. The number sholders was/were sufficient for approval.	of votes cast for the amendment(s)	
	nent(s) was/were approved by the shareholders through voti arately provided for each voting group entitled to vote sepa		
"The r	number of votes cast for the amendment(s) was/were sufficient	ent for approval	
by	(voting group)	, n	
	(voing group)		
☐ The amendr action was r	nent(s) was/were adopted by the board of directors without of required.	shareholder action and shareholder	
The amendr	ment(s) was/were adopted by the incorporators without share not required.	cholder action and shareholder	
	OCT 18.2018 Dated Signature		
	(By a director president or other officer – if diselected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)		_
	(Typed or printed name of	person signing)	
	FRANK DIAZ		
	(Title of person	signing)	