## P1800054945

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C. GOLDEN NOV - 7 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MASTER SERVI	CE RO INC	
OCUMENT NUMB	P1800005.1065		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	INNA ERLIKH		
-		Name of Contact Persor	1
	CORONA TAX SERVICES	INC	
-		Firm/ Company	_
	3800 S OCEAN DR STE 21	6	
-		Address	
	HOLLYWOOD, FL 33019		
-		City/ State and Zip Code	<del></del>
	E-mail address: (to be use concerning this matter, please	sed for future annual report se call: at (	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment **Articles of Incorporation** οſ

,	Articles of Amendment
	to Articles of Incorporation
	of
MASTER SERVICE RO INC	Articles of Amendment to Articles of Incorporation of on as currently filed with the Florida Dept. of State)
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P18000054965	SEE
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the cor	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>Y</u> )
D. If amending the registered agent and/or registere	·
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Signa	ature 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 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	OLIINYK, KATERYNA	2506 LINCOLN ST
XAdd			HOLLYWOOD, FL 33020
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(change)			
6) Change			
Add			
Remove			_ <del></del>

Attach additional sheets, if necessar,	Articles, enter chang y). (Be specific)			
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			•	
f an amendment provides for an e provisions for implementing the a	mendment if not co	ration, or cancellati ontained in the ame	on of issued shares ndment itself:	1
(if not applicable, indicate N/A	)			
	•			
, <u>, , , , , , , , , , , , , , , , , , </u>				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendments ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statems reach voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	130/2011	
Signature		
(By a select	director, 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 counted fiduciary by that fiduciary)	
	OKULOVSKI, ROMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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