P1800056838

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations NAME OF CORPORATION: AJM 7176 SERVICE INC DOCUMENT NUMBER: P18000056838 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLARA RIVADENEIRA Name of Contact Person RIVADENEIRA AND ASSOICATES INC Firm/ Company 2742 SW 8 STREET 201 Address MIAMI FLORIDA 33135 City/ State and Zip Code riva@gate.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at $(\frac{305}{\text{Area Code & Daytime Telephone Number}})$ CLARA RIVADENEIRA Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

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

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

□\$52.50 Filing Fee

Certified Copy

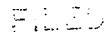
(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation

of





(Name of Corporati	on as currently filed with the Florida P18000056838	Dept. of State) q P 3: & 3
(Docun	nent Number of Corporation (if known)	William Room E. Herror
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporati	
A. If amending name, enter the new name of the co	orporation:	
	·	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered." "professional association," or the	," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
(Frincipal Office address MOST BE A STREET ADD	<u></u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register	red office address in Florida, enter the	e name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ations of the position.
Sion	ature of New Registered Agent if chans	ina

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 Do	<u>ne</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	one <u>s</u>	
X Add	<u>\$V</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	MISS SARA M. NUZZO	1760 SW 7TH STREET #8
Add				MIAMI FLORIDA 33135
x Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

	04/20/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
04/	20/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file de	rte)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amenda	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sha	ıreholder
~	04/20/2019	
Dated	A 100	
Signature	Hunth	
(By a selection	director, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, cotted fiduciary by that fiduciary)	
	YLEANA NUZZO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	