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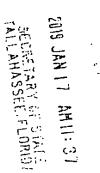
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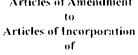
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COVÉR LETTER

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<u>COVÉR LETTER</u>	B	1990 Ex 1		
		The state of the s		
ERVICES, CORP				
		Mes .		
ubmitted for filing.				
atter to the following:				
Name of Contact Perso	n	_		
TRUS CIRCLE SERVICES, LLC				
Firm/ Company		_		
AD. 10E				
Address				
POMPANO BEACH FLORIDA 33064				
City/ State and Zip Cod	le			
ised for future annual report	notification)			
se call:				
954 at t	, 8647884			
	ode & Daytime Telephone Number	er		
payable to the Florida Depa	artment of State:			
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Divisic Cliffor Services (Cliffor Services) Discrete Address (Cliffor Services) Division (Cliffor Services)	Name of Contact Person S. LLC Firm/ Company AD. 10E Address RIDA 33064 City/ State and Zip Code CIRCLE.INFO sed for future annual report notitication) ase call:		

Tallahassee, FL 32301

Articles of Amendment



REAL HANDS SERVICES, CORP

Articles o	of Amendment
Articles of	of Amendment to Incorporation of ently filed with the Florida Dept. of State)
	of Alfaha
REAL HANDS SERVICES, CORP	
<u>Name of Corporation as curro</u> P18000071664	ently filed with the Florida Dept. of State)
	er of Corporation (if known)
	·
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>i</u>
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9691 ARBOR OAKS CT
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	UNIT 301
	BOCA RATON, FLORIDA 33428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9691 ARBOR OAKS CT
· · · · · · · · · · · · · · · · · · ·	UNIT 301
	BOCA RATON, FLORIDA 33428
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr Name of New Registered Agent	
new registered agent and/or the new registered office addi Name of New Registered Agent	ress:
Name of New Registered Agent (Florido	

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	y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
41 Change			
Add			
Remove			
5) Change			
Add			
Remove			***************************************
6) Change			
Add			
Remove			

(Attach additio	r adding additional A nal sheets, if necessary). (Be specific)	-			
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If an amendm	ent provides for an ex r implementing the an	change, reclassif	fication, or cane	ellation of issue	<u>d shares,</u> off:	
	plicable, indicate NA)		Commanico in the	differentiate it its	<u>,</u>	
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				·		

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file date)	ı
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	s, 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 ame afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes case	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 and sl	hareholder
The amendment(s) was/were ad action was not required. 12/22/20 Dated	 	nolder
(By af selequ	Mector, president or other officer – if directors or officers have and the incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
,	CRISTINA B SORRENTINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	