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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FLM MULTI SERV	/ICES, CORP		
DOCUMENT NUMBE	R:			
The enclosed Articles of	"Amendment and fee are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matt	ter to the following:		
F	ERNANDO SILVA			
_		Name of Contact Person		
S	SKYTRUST ENTERPRISE, LLC			
_		Firm/ Company		
1	23 NW 13TH ST #304-7			
****		Address		
H	OCA RATON, FL 33432			
-		City/ State and Zip Code		
ŀ	FERNANDO@SKYTRUSTENTERPRISE.COM			
_	E-mail address: (to be use	ed for future annual report	notification)	
For further information	concerning this matter, pleas			
FERNANDO SILVA		at (_)	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	☐S43.75 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		Amend Divisio The Co 2415 N	Address nut Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FLM MULTI SERVICES, CORP			
(Name of Corporation	on as currently filed with the Florida	(Dept. of State)	
P18000074370			
(Docum	nent Number of Corporation (if known))	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporate	tion adopts the following amendm	ent(s) b
A. If amending name, enter the new name of the co	orporation:		
		The new	u·
name must be distinguishable and contain the word "co" lnc., " or Co.," or the designation "Corp," "Inc., "chartered," "professional association," or the abbre	" or "Co". A professional corporat	cated" or the abbreviation "Corp.,	••
B. Enter new principal office address, if applicable	e:		
(Principal office address MUST BE A STREET ADI	<u>ORESS</u>)		
	-		
C. Enter new mailing address, if applicable:			-La
(Mailing address MAY BE A POST OFFICE BO	<u></u>		لتحديد عدي صدم
		्रिति जे_	
		POT P	111
		24.00 -	Ì.,,,,,
D. If amending the registered agent and/or registe			
new registered agent and/or the new registered	office address:	# 0	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
ten neglanied vyjee indiress.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent:	luations of the position	
Thereby accept the appointment as registered agent.	Tum jammar with and accept the ood,	gunons of the position.	
Sign	nature of New Registered Agent, if char	iging	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 = ChiefExecutive 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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VΡ	FERNANDA MEDEIROS DA SILV	5000 NE 2ND TER
Add			POMPANO BEACH, FL 33064
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramove			

additional sheets, if necessary). (Be specific)	
amendment provides for an exchange, reclassification, or cancellation	of issued shares,
isions for implementing the amendment if not contained in the amend if not applicable, indicate N/A)	ment usen.
g ma apparent massare and	

.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
☐ The amendment(s) was/were appured in the must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/30/20		
Dated		
Signature	ana Batista Morais	
(By a d	irector, president or other officer - if directors or office	rs have not been
selecte	d, by an incorporator - if in the hands of a receiver, true	stee, or other court
appoir	ted fiduciary by that fiduciary)	
	LUANA BATISTA MORAIS	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	