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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FARAH SERVIC	ES INC			
DOCUMENT NUMI	BER: P18000076740				
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	RODRIGO P SILVA				
	Name of Contact Person				
	RS ACCOUNTING AND TAX SERVICES INC				
		Firm/ Company			
	3441 MERRICK LANE				
	Address				
	MARGATE FL 33063				
		City/ State and Zip Cod	· ·		
ROD	RIGO@RSACCOUNTINGT	AX.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, pleas				
Name o	of Contact Person	at (Area Co) de & Daytime Telephone Number		
	r the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

FARAH SERVICES INC

FARAII St.	RVICESINC	note out in the St
(Name of Corporation as curre		
P180	00076740	871 T TAY 1 31 1 1913
(Document Number	of Corporation (if	STANTAN HALLANASSEET LONGS
arsuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:		
. If amending name, enter the new name of the corporation:		
!/A		The new
me must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered," "professional association," or the abbreviation	"Co". A profess.	or "incorporated" or the abbreviation
. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office ac	<u>ldress in Florida, c</u>	enter the name of the
new registered agent and/or the new registered office addre	2881	
Name of New Registered Agent N/A		
(Florida	street address)	
Ν/Δ	•	
New Registered Office Address: 1868	(City)	, Florida
	(- · · · · · · · · · · · · · · · · · ·	,
ew Registered Agent's Signature, if changing Registered Age	nt:	
nereby accept the appointment as registered agent. I am familia		he obligations of the position
истему истеру на ирранизатем из тединется идета, тамуцаний	, with and accept to	ne rengulous of the position
Signatures of Non	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.

X Change	<u>PT</u>	John Doe	
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	VP	HENRY ISAIAS C VALLECILLO	1310 SHARAZAR BLVD
X Add			OPA LOCKA, FL 33054
Remove			
2) Change			
Add			
Remove			19 <u>8</u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

	10/12/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> ; _	10/12/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date via Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/12/2 Dated		
Signature		
(By	a director, president or other officer – if directors or officers have not been ected, by any acceptorator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	DEBBIE FARAH GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	