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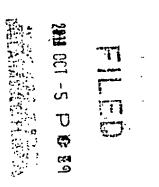
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SERVICE ALE IN	C	
	UMBER: P18000078899		
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	iter to the following:	
	ALEJANDRO CASTRILLO	N FIGUEROA	
	SERVICE ALE INC	Name of Contact Persor	1
	3660 SW 132 AVE	Firm/ Company	
	MIAMI, FL 33175	Address	
		City/ State and Zip Code	2
÷	ALEJOC_158@HOTMAIL.COM		
For further inforn	nation concerning this matter, pleas	sed for future annual report se call:	notting account
ALEJANDRO C	ASTRILLON FIGUEROA	at (488-0668
N	ime of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made p	payable to the Florida Depa	riment of State:
S35 Filing Fe	e □\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

SERVICE ALE INC

SERVICE MEETING			
(Name of Corporation a	is currently filed with the Fl	orida Dept. of State)
P18000078899			
(Document	Number of Corporation (if kn	iown)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Cor	poration adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:		
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	Inc." or "Co". A profession		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>SSS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent		ter the name of the	
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)
	is app		
New Registered Agent's Signature, if changing Register	red Agent:	111	.00
I hereby accept the appointment as registered agent. I an) familiar with and accept the	ontigations of the po	
Signatur	e of New Registered Agent, if	changing B	D E
		4.5	49

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 = 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 Dos	<u>:</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	P	_	ALEJANDRO CASTRILLON FIGU€ R ∞4	3660 SW 132 AVE
Add				MIAMI, FL 33175
Remove				
2) Change		. <u> </u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
		-	
		-	
,			
	·····	······································	
f an amendment provides for an excl	ange reclassification	ar cancellation of issue	od charac
provisions for implementing the ame	ndment if not contained	d in the amendment its	self:
(if not applicable, indicate N/A)			
	.		
_8			
,			· · ·

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wpartment of State's records.	rill not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	noved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
10-02-2018	\lor	
Dated		
Signature	the second second	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted (iduciary by that fiduciary)	
	ALEJANDRO CASTRILLON FIGUEROA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	