## P18 0000 79148

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ALBERT MANA	GER SERVICES, INC	·			
DOCUMENT NUM	D19000070149					
The enclosed Article	s of Amendment and fee are so	ubmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	IRKA DUCASSE BLANES					
	Name of Contact Person					
	DUCASSE TAX SERVICE CORP					
	Firm/ Company					
	8420 W FLAGLER ST SUITE 119-A					
		Address				
	MIAMI FL 33144					
		City/ State and Zip Cod	e			
	DUCASSETAXSERVICE@GMAIL.COM					
		sed for future annual report	notification)			
For further information	on concerning this matter, plea		287-6602			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

ALBERT MANAGER SERVICES, INC	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P18000079148	SECRETARY OF STATETALLAMASSES, FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
name must he distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc.," or the abbrevi	The new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Pl 1
ren registerea Office nauress.	(City) , Florida
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
Signatu	ire of New Registered Agent, if changing
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)

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> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mil</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	VP	Eduardo Enrique Perez Diaz	765 CRANDON BLVD APT 409	
X Add			KEY BISCAYNE FL 33149	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Artic tach additional sheets, if necessary).	(Be specific)
	<del>-</del>
<del>-</del>	<del>-</del>
<del>-</del>	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	10/05/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
<del>-</del>	05/2020	
	(no more than 90 days after ame	ndment file date)
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filepartment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors	s without shareholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were si	opted by the shareholders. The number of votes of ifficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were appured in the must be separately provided for	proved by the shareholders through voting grou each voting group entitled to vote separately o	ps. The following statement n the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for a	pproval
by		
	(voting group)	
selecte	rector, president or other officer – if directors of I, by an incorporator – if in the hands of a recei	or officers have not been ver, trustee, or other court
appoin	ed fiduciary by that fiduciary)	
	ALBERTO RAFAEL DIAZ JIMENEZ	
	(Typed or printed name of person si	gning)
	PRESIDENT	
	(Title of person signing)	