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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: L & M AC	Services	Inc
DOCUMENT NUMBER: PISOCO 79173)	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	to the following:	
LBM AC BCIZ NW 15 Miami, FL	Address 33 \ 25 City/ State and Zip Code	Inc co. com
For further information concerning this matter, please c	eall:	
LUISMEL NOVO GUMA	1107 at (786) 328 - 1494 le & Daytime Telephone Number
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	DS43.75 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	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

LBM AC Services Inc	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
9700007P	1173
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	27
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
r nevery accept the appointment as registered agent. I am juminar	wan and accept the obligations of the position.
Signature of New	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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	Jones	
X Add	<u>ŞV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	Mario Herrera	Llaines 3612 NW 151 St
X Add			Miamin FL 33125
Remove			
2) X Change	P	Wishrel Now C	507 clez 4655 Palnie Hve
Add			HP+#110
Remove			tiliateah, El 32012
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
	 .	-	
			
			
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	•		
•		-	
		<u>-</u>	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cal ndment if not contained in t	he amendment itself:	
(if not applicable, indicate N/A)			
		•	
			-

The date of each amendment(s) adoption: date this document was signed.	. If other than II
Effective date <u>if applicable</u> :	9/25/18
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as il it of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient:	the shareholders. The number of votes east for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	unendment(s) was/were sufficient for approval
by	·
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 9/16	118
selected, by an	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court chary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)