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(Addre	ess)			
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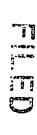
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: L & S AMERICA	N SERVICES COR				
DOCUMENT NUMI	2101000001111					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	LISSANDRA C SUAREZ I.	OPEZ				
	Name of Contact Person					
	L & S AMERICAN SERVIC					
		Firm/ Company	11.			
	1207 SE 33RD ST					
		Address	-			
	CAPE CORAL, FL 33909					
		City/ State and Zip Cod	c			
LISS	YSUAREZ20@GMAIL.CON	1				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call: at (786	294-7632			
Name of Contact Person		at (Area Co) de & Daytime Telephone Number			
	r the following amount made					
⊠ \$35 Filing Fee	□\$43.75 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 Tallahussee, FL 32314		Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations (Building Executive Center Circle assec, FL 32301			

Articles of Amendment to Articles of Incorporation of

1, & S AMERICAN SERVICES CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P1900000101S	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Itorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</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 office address registered agent and/or the new registered office address: 	SE 2019 HAY -7 PH 1:55 Win Florida, enter the name of the
Name of New Registered Agent	
tFlorida stree	
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

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:

 $P = President; V-Vice President; T^-Treasurer; S = Secretary; D = Director; TR <math>\gamma$ 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: <u>X</u> Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>V</u>	<u>Mike J</u>	<u>ones</u>	
_X Add	\underline{SV}	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	PT		REINIEL CASTILLO CRUZ	1207 SE 33RD ST
X Add				CAPE CORAL, FL 33904
Remove				
2) Change				
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach <i>additional sheets, if necessary),</i>	(Be specific)	
•		
		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amei (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
·		

•	05/03/2019	
The date of each amendment(s) ac date this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b becoment's effective date on the De	lock does not meet the applicable statutory filing requirements, this date volunteent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s)—ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cust	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.	bed by the meorporators without shareholder action and shareholder	
05/03/2019		
Dated		
Signature	y	
Signature 76/7	rector, president or other officer – if directors or officers have not been	
selected	by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that tiduciary)	
	LISSANDRA C SUAREZ LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	