P19000004016

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SECRETURY OF STATE

3/23/21

COVER LETTER &

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GERMANO'S PRO	OFESSIONAL SERVICES	, CORP
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	GLAUCIA BASTOS		
		Name of Contact Person	1
	THE TRUST CIRCLE SERV		
		Firm Company	
	1001 EAST SAMPLE ROAT) 10E	
		Address	
	POMPANO BEACH FLORE	DA 33064	
		City/ State and Zip Cod	e
	ATENDIMENTOTHETRUS	TCIRCLE@GMAIL.COM	
	E-mail address; (to be us	sed for future annual report	notification)
For further information GLAUCIA BASTOS	n concerning this matter, pleas		7.15_01.73
	of Contact Person	at (New 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section on of Corporations entre of Tallahassee K. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

GERMANO'S PROFESSIONAL SERVICES, CORP		2021 FEB -4 PM 1: 42
(Name of Corporati	on as currently filed with the Flo	orida Dept. of State)
P19000004016		SECRETARY OF STATE TALLAHASSEF, FL
(Docum	nent Number of Corporation (if kn	iown)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation;	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register	red office address in Florida, ent	er the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	· •••• — • • • • • • • • • • • • • • • •	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	i am familiar with and accept the	obligations of the position.
Siena	ature of New Registered Agent, if a	hanging
		V 12

Check if applicable \Box 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 PT John Doe X Remove Λ. Mike Jones <u>X</u> Add SVSally Smith Type of Action Title Address <u>Name</u> (Check One) VΡ HEVILA KELLEN B GERMANO 1041 NW 45TH STREET #8 1) ____ Change DEERFIELD BEACH FL 33064 __ Add ____ Remove 2) ____ Change ____ Add ____ Remove 3) _____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change ___ Add Remove

Attach additional sheets, if neces	sary) – (Be specific	.)			
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<u>lf an amendment provides for a</u>	<u>m exchange, reclass</u>	<u>ification, or canc</u>	rellation of issued	shares,	
provisions for implementing the (if not applicable, indicate)	<u>ic amendment if no</u> 57 o	<u>t contained in the</u>	<u>e amendment itse</u>	<u>lf:</u>	
у та ирупсате, таксие :	(/A)				
			_		
		······			
			<u> </u>		

The date of each amendment(s) ad date this document was signed.	foption:, if c	other than th
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as ti
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was were ado action was not required.	opted by the incorporators, or board of directors without shareholder action and shareh	older
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was were sufficient for approval	
by	(voting group)	
01/08/2021 Dated		
	rector, president or other officer – if directors or officers have not been	
selected	rector, president or other officer – if directors or officers have not been If by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MARCELO G GERMANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	