P1900000 6959

(Reque	estor's Name)		
(Address)			
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(City/S	tate/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Nam	e)	
(Docur	nent Number)		
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COVER LETTER

Division of Corporations NAME OF CORPORATION: MAX CHILEAN SERVICES INC. DOCUMENT NUMBER: P19000006959 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTOPHER TAPIA

Name of Contact Person MAZ CHILEAN SERVICES INC.
Firm/ Company 10570 NW 74 St. UNID 103 DORAL, FL. 33178

City/ State and Zip Code TAPIAD. C. @ GMAIL. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER TAPIA at (305) 609-5692

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

FO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MAX CHILEAN SERVICES INC.

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P 19 00000 6	959
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(
a. If amending name, enter the new name of the corpor	
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
	2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOV 26
	<u>P</u> 2
). If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	
Signature	e of New Registered Agent, if changing

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iddress 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	_5	CLAUDIA NOVOA	10570 NW 74st
Add			UNID 103
Remove			DORAL, FL. 33178
2) Change	<u>VP</u>		8846 SW 25 St.
X Add		CARRASCO	8846 SW 25 St. MIAMI, FL. 33165
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			.
Add			
Remove			40
6) Change			
Add			
Remove			

	sheets, if necesso	ury). (Be spec	:ific)			
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an amendment	provides for an	exchange, recl	lassification, o	or cancellation	of issued shares,	
rovisions for ir	nplementing the	amendment if	not contained	l in the amend	nent itself:	
	able, indicate N/.	A)				
(if not applic						
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ne date of each amendment(s) adoption:	, if other than the
te this document was signed.	
ffective date <u>if applicable</u> :	
(no more than 96	days after amendment file date)
ote: If the date inserted in this block does not meet the application of state of the date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors action was not required. The amendment(s) was/were adopted by the incorporators without the incorporators without the incorporators.	
action was not required.	
Dated 11/07/2019	
Signature	
(By a director, president or other office	er – if directors or officers have not been hands of a receiver, trustee, or other court
CHRISTOPHE	R TAPIA
	ame of person signing)
PRESIL	ENT
(Title o	f person signing)