P19000015210

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	HMR MIAMI	SERVICES COR	(I,		
DOCUMENT NUMBER:	P19000015210)			
The enclosed Articles of Amenda	<i>rent</i> and fee are su	bmitted for filing	<u>.</u>		
Please return all correspondence of	concerning this ma	tter to the follow	ing;		
		JENNY M CO	VARRUBI	A	
	Name of Contact Person				
	II LLC				
		Firm/ Co	mpany		
5713 NW 114th CT APT 105				5	
Address					
		DORAL FL			
		City/ State an	id Zip Code	e	
	integ	gralservicesmiom	illc@gmai	Leom	
E-mai	l address; (to be u	sed for future an	iual report	notification)	
For further information concerning	g this matter, pleas	se cali:			
JENNY M COVARI	RUBIA	at (_	786	de & Daytime Telephone Number	
Name of Contact I	erson		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made	payable to the FI	orida Depa	artment of State:	
.,	.75 Filing Fee & nticate of Status	□S43.75 Filit Certified Co (Additional enclosed)	ру	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section				Address Iment Section	
. Division of Corporations		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL	. 32314			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

HMR MIAMI SERVICES CORP	9018 140 05 3 11 05
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000015210	_SECRETARY OF STATE
(Docume	UF ORE TARY OF GTATE (ALL Number of Corporation (if known) ALL AHASSEET FLORIDA
	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	porațion:
HMR SERVICES MIAMI-CORP	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
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 MAY BE A POST OFFICE BOX	;
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	itered Agent: am jamiliar with and accept the obligations of the position.
Signat	ture 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, (finecessary)

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>	<u>Addres</u> s
1)Change			
Add			
Rentove			
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 Art (Attach additional sheets, if necessary)	(Be specific)
•	
*	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
·	
	

MARCH 21st 2019 The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, 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 cou appointed fiduciary by that fiduciary)	
RAFAEL D. MENDOZA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	