## P19000021265

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ERO SERVICES (	CORP.		
DOCUMENT NUM	P19000021265			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LUZ MARINA HERNANDI	EZ		
		Name of Contact Person	n	
	ACCOUNTING & INCOME TAX SERVICES CORP.  Firm/ Company			
	5532 SW 164TH PLACE			
		Address		
	MIAMI, FL 33185			
		City/ State and Zip Cod	e	
	FLEITAS@YAHOO.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ANA MARIA PADRON		at ( 305	801-8394	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation

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ERO SERVICES CORP.		•	
	of Corporation as current	ly filed with the Florida Dept. of State)	_
P19000021265			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1,1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendm	nent(s) t
A. If amending name, enter the new r	ame of the corporation:		
		The ne	<b></b>
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co"	company," or "incorporated" or the abbreviation "Corp.  1. professional corporation name must contain the year	**
B. Enter new principal office address, (Principal office address MUST BE A.S.)	if applicable: TREET ADDRESS )		
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent ar	nd/or registered office addi	ess in Florida, enter the name of the	
new registered agent and/or the nev	w registered office address.	<u>:</u>	
Name of New Registered Agent	ANA MARIA PADRON		
	4240 SW 157 CT		
	(Florida str	et address)	
New Registered Office Address:	MIAMI	Florida 33185	
	1	(City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position	
	//		
X			
/	Signature of New Re	egistered Agent, if changing	
Charle if a postion blo	4		
Check if applicable  ☐ The amendment(s) is/are being filed p	arsuant 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	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
l) Change	RA	SANDRO FLEITAS	4240 SW 157 CT	
Add X			MIAMI, FL 33185	
Remove  2) Change	P	SANDRO FLEITAS	4240 SW 157 CT	
Add			MIAMI, FL 33185	
X Remove 3 ) Change	P	ANA MARIA PADRON		
X Add			4240 SW 157 CT	
Remove			MIAMI, FL 33185	
4) Change	<u>v</u>	SANDRO FLEITAS	4240 S 157 CT	
X Add			MIAMI, FL 33185	
Remove				
5) Change	RA	ANA MARIA PADRON	4240 SE 157 CT	
X Add			MIAMI, FL 33185	
Remove				
6) Change		-		
Add				
Remove				

	(Be specific)	
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	JULY 8, 2020		
The date of each amendment(s) a date this document was signed.	doption:		if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more th	han 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the a partment of State's recor	applicable statutory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators	s, or board of directors without shareholder actio	n and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. fficient for approval.	. The number of votes cast for the amendment(s	)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders each voting group entitle	rs through voting groups. The following statement to vote separately on the amendment(s):	าน
		s'were sufficient for approval	
by			
	(voting group)		
JULY 8, 20 Dated	20		
Signature X		<b>P</b>	
selected	rector, president or other , by an incorporator - if i ed fiduciary by that fiduci	officer of directors or officers have not been in the tands of a receiver, trustee, or other court itary)	
	ANA MARIA PADRON	; /	
-	(Typed or prin	nted name of person signing)	
	PRESIDENT		
-	(Title of perso	on signing)	