## P190000030205

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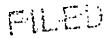
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:TIERA'S ON SITE, INC.	
DOCUMENT NUMBER: P19000030205	
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
FRANCISCO J TEIRA	
Name TEIRA'S ON SITE, INC.	of Contact Person
	rm/ Company
6511 NOVA DR., #156	Tim Company
	Address
DAVIE, FL 33317	
City/ S	state and Zip Code
FTEIRA@HOTMAIL.COM	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
FRANCISCO TEIRA	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	o the Florida Department of State:
Certificate of Status Cert (Add	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status Certified Copy (Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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 of



TIERA'S ON SITE, INC.	ANY 111 20 A 12 24
(Name of Corporation	on as currently filed with the Florida Diptiol State)
919000030205	and the second s
(Docum	ent Number of Corporation (if known) ALLAHA STATE OF THE
	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
TEIRA'S ON SITE, INC.	The new
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation." "company." or "incorporated" or the abbreviation " "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	DRESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
D. If amending the registered agent and/or registe	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
<del></del>	(Florida street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sig	nature 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, 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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change				
Add				
Remove				

amending or adding additional Articlatach additional sheets, if necessary).	(Be specific)	
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	-· <del></del>	
an amendment provides for an excha	inge, reclassific	ation, or cancellation of issued shares,
provisions for implementing the amen	dment if not co	ntained in the amendment itself:
(if not applicable, indicate N/A)		
<del></del>		
	***	
		<u> </u>

The date of each amendment(s) adoption:date this document was signed.	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more ti	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	stwere sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder
Dated 4-23-2619	
Signature	
	r officer - if directors or officers have not been
	f in the hands of a receiver, trustee, or other court
appointed fiduciary by that fidu	
Francis	inted name of person signing)
(Typed or pr	inted name of person signing)
	dent
	Title of person signing)