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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DM 5 500	1 General Con			
1) / 2 2 2 2				
document number: <u>Y14 0000 5264</u>	0_2			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
MUTICE S ARAUS	Name of Contact Person			
	Selvices COR			
1258 5- Mili	LARY TR Alt 813			
OURFIELD MACIS EL 33442 City/ State and Zip Code				
HE (WIELDRUMMER Q EMAIL · CO M E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	e call:			
Name of Contact Person	at (56) 449 97/5 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corperations Clifton Building			
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301			

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Articles of Amendment to

Articles of Incorporation

	of
	HERVICES COR!
(Name of Corporation as	currently filed with the Florida Dept. of State)
P/44	<u> </u>
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
	N/A The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "b word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation ic," 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 ADDRES</u> .	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If a roading the registered agent and/or registered of	Sup address in Florida outer the name of the
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
	
New Registered Office Address:	Florida street address), Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature	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:

 $P-President;\ V-Vice\ President;\ T=Treasurer;\ S=Secretary;\ D=Director;\ TR=Trustec;\ C-Chairman\ or\ Clerk;\ CEO-Chief\ Executive\ Officer;\ CFO=Chief\ Financial\ Officer.\ If\ an\ officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.\ President,\ Treasurer,\ Director\ would\ be\ PTD.$

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: <u>X</u> Change	<u>rq</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>1P</u>	GABRIELLE COLLIN 15 50029	1258. MILITARY TR
Add			Alt 813
Remove			DEEDELFEN PENCH FL 33442
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets	additional Articles, enter change(s) here: s, if necessary). (Be specific)
	. 1 1
	
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<u> </u>	
an amendment prov	rides for an exchange, reclassification, or cancellation of issued shares.
orovisions for implem (if not applicable,	nenting the amendment if not contained in the amendment itself:
(y not appucable,	IMBRAIC DOAT
	1 1
	- N//
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	<u> </u>
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	at for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement see amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appro	ovat
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated_10/04/2019	
Signature Should Should Sugar (By a director, president or other officer—if directors or o selected, by an incorporator—if in the hands of a receiver appointed fiduciary by that fiduciary)	fficers have not been , trustee, or other court
Clanul Selostion Seura	ng)
President (Title of person signing)	