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## **COVER LETTER**

**):** Amendment Section Division of Corporations

OCUMENT NUM	P19000032779					
ie enclosed Article						
	s of Amendment and fee are su					
ease return all corr	espondence concerning this ma	tter to the following:				
	MEIBOL MARINE					
	Name of Contact Person					
	Q DETAILING SERVICES CORP					
	Firm/ Company					
	4952 VINCENNES ST APT 2					
	Address					
	CAPE CORAL FLORIDA 33	3904				
	· -	City/ State and Zip Cod	le			
adet	ailingservicescorp@gmail.com					
		sed for future annual report	notification)			
	,	•				
r further informati	on concerning this matter, pleas	se call:				
eibol Marine		941 at (	726-4432			
Name	of Contact Person	Area Co	ode & Daytime Telephone Number			
iclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐S43.75 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		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

DETAILING SERVICES CORP				
(Name	of Corporation as curren	tly filed with the Florida De	pt. of State	
19000032779			7	
	(Document Number	of Corporation (if known)	(S) (2)	
irsuant to the provisions of section 607 Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendn	
If amending name, enter the new na	ame of the corporation:		Ž.	
			The new	
me must be distinguishable and con Torp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation oration name must contain the	
Enter new principal office address,	if annlicable:	Meibol Marine		
rincipal office address MUST BE A S		4952 VINCENNES ST APT 2		
		Cape Coral Florida 33904		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		952 VINCENNES ST APT 2		
		Cape Coral Florida 33904		
If amending the registered agent ar new registered agent and/or the ne			ame of the	
	Meibol Marine	13.		
Name of New Registered Agent	40.50 140.16050 100.160	. 1502. 3		
	4952 VINCENNES ST A			
		trect address)	33904	
New Registered Office Address:	Cape Coral		, Florida(Zip Code)	
		(City)	(гір слас)	
ew Registered Agent's Signature, if c	hanging Registered Agen	ıt:		
nereby accept the appointment as regis			ons of the position.	
VI.				
<del>- 9</del>	Signature of New	Registered Agent, if changing	?	

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and Idress of each Officer and/or Director being added:

(ttach additional sheets, if necessary)

\_\_\_ Remove

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 4d. President, Treasurer, Director would be PTD.

hanges 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 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,

'ike Jones, V as Remove, and Sally Smith, SV as an Add. xample: X Change <u>PT</u> John Doe <u> X</u> Remove Mike Jones  $\underline{\mathbf{V}}$ ∑ Add <u>SV</u> Sally Smith Address ype of Action <u>Title</u> <u>Name</u> Theck One) 1634 SE 47 ST Gricel Valdes \_\_\_\_ Change 10 \_\_ Add CAPE CORAL FL 33904 \_ Remove 4952 VINCENNES ST APT 2 Meibol Marine \_\_ Change Cape Coral Florida 33904  $\_$  Add \_\_\_ Remove Alfonso Arguelles Ramirez 4952 VINCENNES ST APT 2 VΡ \_\_ Change Cape Coral Florida 33904 \_\_ Add \_ Remove \_\_\_\_ Change Add \_ Remove \_\_ Change \_\_\_ Add \_ Remove \_ Change \_\_ Add

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	<u></u>
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	<u></u> ,
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	<del></del>
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If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment	ued shares, itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	,
	<del></del>

	November 19th 2019	
	(s) adoption:	, if other than the
te this document was signed	November 19th 2019	
fective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(hoting graves)	
, —	(voting group)	
The amendment(s) was/wei action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	mber 17th 2019	
Dated	<del></del>	
Cimatura		
Signature(H	By a director, president or other officer – if directors or officers have not been	<del></del>
SC	elected/by an incorporator - if in the hands of a receiver, trustee, or other court	
aj	ppointed fiduciary by that fiduciary)	
	Meibol Marine	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)