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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PHILLIPS GENER	RAL SERVICES INC	
DOCUMENT NUME	ER: 219000034704		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PHILLIPE K DE OLIVEIRA	.	
		Name of Contact Person	
	PHILLIPS GENERAL SERV	VICES INC	
		Firm/ Company	
	14701 BARTRAM PARK B		
		Address	
	JACKSONVILLE FL 32258		
		City/ State and Zip Code	·
	phillipe2129@gmail.com		
		sed for future annual report	notification)
For further information PHILLIPE K DE OLI	n concerning this matter, plea	se call: 904 at (982-2451)
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section of Corporations entre of Tallahassee £. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PHILLIPS GENERAL SERVICES INC

(Name of Corporation as	currently filed with the Florida	Dept. of State)	
19000034704			
(Document N	lumber of Corporation (if known)		
ursuant to the provisions of section 607,1006, Florida Status Articles of Incorporation:	ites, this <i>Florida Profit Corporati</i>	on adopts the follow	ing amendment(
. If amending name, enter the new name of the corpor	ation:		
			The new
ame must be distinguishable and contain the word "corpore Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviatio	"Co". A professional corporati	ited" or the abbrevia on name must cont	tion "Corp.," ain the word
Enter new principal office address, if applicable:			_,
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)	,	
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,	
			٠٠٠
			
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	ffice address in Florida, enter the address:	e name of the	1,6
Name of New Registered Agent			
	Florida street address)		
V D Samuel (MC of Classes		. Florida	
New Registered Office Address:	(Ci(y)		p Coder
New Registered Agent's Signature, if changing Registere	ed Agent:		
hereby accept the appointment as registered agent. I am	familiar with and accept the oblig	utions of the position	7
Signature	of New Registered Agent, if chang	 ?ing	
.ngnawt	in the mediane on order in ename	No. 1999	
Theck if applicable			

☐ The amendment(s) is/are being filed pursuant 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.

X Change	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VΡ	MICHELLE CAPARROZ	11990 BEACH BLVD BLDG 25
X Add			APT 279
Remove			JACKSONVILLE FL 32246
2) Change		<u></u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add		·	
Remove			
6) Change			
Add			
Remove			

	or adding addit and sheets, if no	cessary). (B	e specifici				
							
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<u>1 an amendni</u> provisions fa	<u>ient provides id</u> ir implementin	or an exchang g the amendm	<u>e, reclassificat</u> tent if not con	tion, or cancella tained in the an	<u>ition of Issued S</u> Bendment itself	nares,	
(if not ap	plicable, indica	ite N/A)				••	
				· · · · · · · · · · · · · · · · · · ·			
		-				<u> </u>	

The date of each amendment(s date this document was signed.) adoption: if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) a sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by PHILLIPE K DE O	LIVEIRA
	(voting group)
07/16/20 Dated Signatup	020
(By sele	a director, president or other officer – if directors or officers have not been cled, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	PHILLIPE K DE OLIVEIRA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)