## P19000035304

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TO: Amendment Section... Division of Corporations NAME OF CORPORATION: 593 SERVICES CORP DOCUMENT NUMBER: P19000035304 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marka Unrikansi

Name	e of Contact Person	
Professional Solution & Services Inc		
1	Firm/ Company	
4242 NW 99TH TER		
	Address	
SUNRISE, FL 33351		
City/	State and Zip Code	

NORKAU@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORKA URRIBARRI

Name of Contact Person

at ( 954 ) 7095433 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

593 SERVICES CORP



593 SERVICES CORP	thy filed with the Florida Dent, of State)		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000035304	÷ .		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thinks Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	9521 FONTAINBLEAU BLVD		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	APT 229		
	MIAMI, FL 33172		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	9521 FontainBlev Blvd.		
	Apt 229		
	Miani F1 33172		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addres	<u>ss:</u>		
Name of New Registered Agent Profession	al Solutions & Services INC		
4242 NW	of Solutions & Services INC.		
(Florida s	areet address)		
New Registered Office Address: Summe			
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian			

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 = 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MANUEL VITERI GARCIA	9521 FONTAINBLEAU BLVD
X Add		<del></del>	APT 229
Remove			MIAMI, FL 33172
2) Change	Ρ	JORGE VITERI	9521 FONTAINBLEAU BLVD
Add			APT 229
X Remove			MIAMII, FL 33172
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary	). (Be specific)			
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provisions for im		mendment if not			are <u>s.</u>
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• • • •	07/13/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	The many that you take the control of the control o	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date open perment of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
07/13/201	9	
Dated		
Signature	200 C	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Jorge Viteri	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	