

P190000 46448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

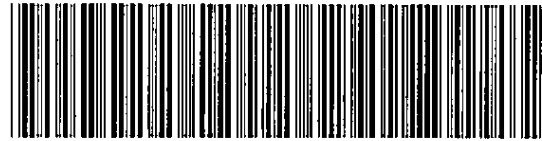
(Business Entity Name)

(Document Number)

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2019 JUN 12 AM 11:36

C. GOLDEN  
JUN 25 2019

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FUNEZ SERVICES INC

DOCUMENT NUMBER: P19000046448

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTOS FUNEZ

Name of Contact Person

FUNEZ SERVICES INC

Firm/ Company

3105 BROWARD AVE APT B

Address

GREENACRES FL 33463

City/ State and Zip Code

SAMENAMORADO@YAHOO.COM

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

For further information concerning this matter, please call:

SANTOS FUNEZ

Name of Contact Person

at ( 561 )

969-8170

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  
to  
Articles of Incorporation  
of

FUNEZ SERVICES INC

FILED  
2019 JUN 12 AM 11:36

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000046448

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3105 BROWARD AVE APT B

GREENACRES FL 33463

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3105 BROWARD AVE APT B

GREENACRES FL 33463

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

*(Florida street address)*

New Registered Office Address:

*(City)*

Florida

*(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

*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*

*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.*

|              |           |                    |
|--------------|-----------|--------------------|
| <u>X</u> Adu | <u>SV</u> | <u>Sally Smith</u> |
|--------------|-----------|--------------------|

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
|--------------------------------------|--------------|-------------|----------------|

|                 |          |                   |       |
|-----------------|----------|-------------------|-------|
| 1) _____ Change | VP _____ | OLVIN JOEL RIVERA | _____ |
| _____ Add       |          |                   | _____ |
| X _____ Remove  |          |                   | _____ |

2) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

3) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ You \_\_\_\_\_  
 \_\_\_\_\_ remove \_\_\_\_\_

4) \_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_ Remove \_\_\_\_\_

5) \_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_ Add \_\_\_\_\_  
\_\_\_\_ Remove \_\_\_\_\_

6) — change \_\_\_\_\_  
 — add \_\_\_\_\_  
 — move \_\_\_\_\_

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

05/10/2019  
Dated \_\_\_\_\_

Signature X Santos H Funez

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SANTOS FUNEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)