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JAN 1 1 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Οιο άρρα	Repaire and Dervices Corp
DOCUMENT NUMBER: F 19 000	7 502 3 6
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Pedro E	Diaz Comez
<del></del> -	Name of Contact Person
	Firm/ Company
<u> 26301 51</u>	W 130 AUL
Honesteed	Address FL 33032
1	City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Picro E Diaz Comez	at ( <u>305</u> ) <u>443 2578</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incor	poration
Po Ripair and 6 (Name of Corporation as currently f	IN UI COS OTTO
P19000602	36
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida 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 "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" A parehartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PHIZ: 52
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
	<del></del>
(Florida street	address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar wit	
Signature of Nove Rev	istared Agant 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:	me, amenanjs amn	77, 117 (25 (27) ) 3 (41)	
X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Maraceer	Jesus Midero	26301 5 W 130 AUL
X Add			Houestead FL 3303:
Remove			
2) Change			
Add			
Remove 3 ) Change			SEC:
Add			ALL DEC
Remove			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4) Change			
Add			
Remove			52
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
AddRemove 6)ChangeAddRemove	ding additional A	rticles, enter change(s) here:	

F. If an amendment provides for an exchang provisions for implementing the amendment (if not applicable, indicate N/A)	ze, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	SECRETARY OF STATE TALLIAHASSEE, FL	2019 DEC - 9 PM 12: 52	
		<del></del> -		
The date of each amendment(s) adoption:	Page 3 of 4		_, if other	than the
date this document was signed.  Effective date if applicable:	(10 more than 90 days after amendment file date)	<del>.</del>		-

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 seffective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adoptaction was not required.	pted by the incorporators without shareholder action and shareholder		
Dated \ \ \ - a	27-19		
Signature	Pilo E Diaz	_	
	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court		
	ed fiduciary by that fiduciary)		
_	Peno E Diaz	2019	_
	(Typed or printed name of person signing)	品	**************************************
	Rusidant SE		- Section 1
<del>.</del>	Title of person signing)		- <b>m</b>
		H	المسط
	12 m	PM 12: 52	<u></u>
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