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COVER LETTER

Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: MOBILE DOCUMENT NUMBER: P19000		AFFING SERVICES, INC
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
6015 ADRIATIC W NSALOMON: N	Name of Contact Person Name of Contact Person Firm/ Company	
For further information concerning this matter, pleas	se call:	
Name of Contact Person	at (501 Area Code	e & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depart	rtment of State:
\$35 Filing Fee	☐\$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	<u>Street A</u> Amendn	Address nent Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

IVIODILE C- AMM 2	- SIATTING	SERVICES, IN	1C.	
(Name of Corporatio	n as currently filed with the	e Florida Dept. of State)		
	0006654	5		
(Docum	ent Number of Corporation (i	if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following	ng amendn	nent(s) to
A. If amending name, enter the new name of the con	rporation:			
			The ne	ar.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc." or "Co". A profes			
B. Enter new principal office address, if applicable:				-
(Principal office address <u>MUST BE A STREET ADD.</u>	<u>RESS</u>)) 	<u>20</u>	
			SE SE	
		i '	<u>i⊃pi</u> I	
C. Enter new mailing address, if applicable:		λΉλs	· ω	jiii jiay tet
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>		<u></u>	
		້ຳ	2	لمواج
		<u> </u>	$\frac{\omega}{2}$	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the		•
Name of New Registered Agent	<u> </u>		_	
	(Florida street address)		_	
N D : 100	(1.10.)			
New Registered Office Address:	(City)	, Florida (Zip	Code)	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I		the obligations of the position.		
Siona	ture of New Registered Agen	t if changing	-	
Congress Congress	I by I all the gamer continues	n y zimionio		

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PCEU NELSON SALOMON	,
X_{-} Add		INEST PARM BEACH, FL
Remove		33413
2) Change	SV GINVANE CAJUSTE SALE	
Add		WEST PALM BEACH, PO
Rеточе		33413
3) Change		
Add		
Remove		
4) Change		
Add		- in-
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	The Verification page on SUNBIZ DOES NOT
	The Verification page on SUNBIZ DOES NOT INCLUDE DEFICER/DIRECTOR DETAIL.
	,
	Please include Nelson Salomon As (PCEO PRESIDENT/ CHIEF EXECUTIVE OFFICER
•	PRESIDENT/ CHIEF BXECUTIVE OFFICER
	DEACT INCLUDE CITY CONTROLL CONTRACTOR CONTRACTOR
	PLEASE INCLUDE GINVANE CATUSTE SALOMON AS SECRETARY VICE PRESIDENT (SY)
	AS SECRETARY THE PRESIDENT (SY)
	F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date volument of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient 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 f	or the amendment(s) was/were sufficient for approval	
by	.	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	30/19	
Signature		
(By a dis	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)	
· ·	NELSON SALUMON (Typed or printed name of person signing)	
_	PRESIDENT / CHIEF EXECUTIVE	OFFICER
	(Title of person signing)	