2/10/2020



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX ZONE INC.

Account Number : 120190000044

: (407)888-3131

Phone Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN LOS SANTOS MULTI SERVICE CORP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORR | PRATION: LOS SANTOS MU | JLTI SERVICE CORP | |
|------------------------|--|---|---|
| | BER: P19000091661 | | |
| | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | ANGEL D SANTOS TORRI | ES | • |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | 2019 GRANDE CT APT 509 | | |
| | KISSIMMEE, FL 34743 | Address | |
| | | City/ State and Zip Code | |
| | | • | |
| | ANGEL.SANTOS15@YAH | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | se call: | |
| ED KOTLER | | 845 at (| 721-4188 de & Daytime Telephone Number |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | urtment of State: |
| S35 Filing Fee | S43.75 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) |
| Am Div P.C | cilling Address cendment Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio The Co 2415 | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |
| | | i aliana | ssee, FL 32303 |

4200000467883

Articles of Amendment to Articles of Incorporation of

| LOS SANTOS MULTI SERVICE COR | P | |
|---|---|--|
| | of Corporation as currently filed with the | Florida Dept. of State) |
| P19000091661 | | |
| | (Document Number of Corporation (if | known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this Florida Profit C | orporation adopts the following amendment(s) |
| A. If amending name, enter the new r | ame of the corporation: | |
| | | The new |
| "Inc.," or Co.," or the designation "chartered," "professional association, B. Enter new principal office address. | if applicable: | scorporated" or the abbreviation "Corp.," |
| (Principal office address MUST BE A.S. | TREET ADDRESS) | |
| C. Enter new mailing address, if app (Mailing address MAY BE A POST | | B III |
| D. If amending the registered agent a | nd/or registered office address in Florida, o | enter the name of the |
| new registered agent and/or the ne | | -Mey) tile ilaities AT Just |
| Name of New Registered Agent | ANGEL DAVID SANTOS TORRES | |
| | 2019 GRANDE CT APT 509 | |
| | (Florida street address) | |
| New Registered Office Address: | KISSIMMEE | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if a I hereby accept the appointment as regis | thanging Registered Agent: tered agent. I am familiar with and accept to Signature of Wew Registered Agent, | |
| Check 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.

| Example: X Char.ge | <u>PT</u> | John Doe | |
|-------------------------------|-----------|---------------------------|---------------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | P | ANGEL SANTOS | 2019 GRANDE CT APT 509 |
| Add | | | KISSIMMEE, FL 34743 |
| X Remove | | | |
| 2)Change | P | ANGEL DAVID SANTOS TORRES | 2019 GRANDE CT APT 509 |
| XAdd | | | KISSIMMEE, FL 34743 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | - | | 2020 FE |
| Add | | | B = 5 |
| Remove | | | |
| 5) Change | | | <u> </u> |
| Add | | | ————————————————————————————————————— |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). (Be specific) | | |
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| f 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) | | |
| (IJ not applicable, thatcate N/A) | | |
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| date this document was signed. | , it other than the |
|--|---------------------------------|
| Effective date if applicable: 02 - 09 - 2020 | |
| Effective date if applicable: 02 - 08 - 2030 (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 no document's effective date on the Department of State's records. | of be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required. | archolder |
| ■ 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) | |
| Signature (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! ANGEL DAVID SANTOS TORRES | 7 1 ED 2020 FEB 11 PH 12: 47 |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |