## P20 0000 16770

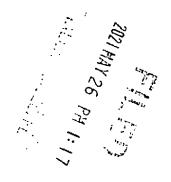
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## **COVER LETTER**

		COVER LETTER	
TO: Amendment Sect Division of Corpo			• • • • • • • • • • • • • • • • • • •
NAME OF CORPOR	RATION: MSS SERVICE CO	PRP	
DOCUMENT NUMI			
	of Amendment and fee are sub	omitted for filing.	
	spondence concerning this mat		
	MAISA SILVA DE SOUZA		<u></u>
		Name of Contact Persor	1
	MSS SERVICE CORP		
	-	Firm/ Company	
	4603 CASON COVE DR 32	1	
		Address	
	ORLANDO FL 32811		
		City/ State and Zip Cod	e
	JULIANAKARFITSAS@GN	AAH COM	
		sed for future annual report	notification)
	15-111th address. (to be as		,
For further information	on concerning this matter, pleas	se call:	
JULIANA KARFITSAS		at ( <u>321</u>	4365110
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303	

## Articles of Amendment to Articles of Incorporation of

MSS SERVICE CORP			
(Name of Corporation	as currently filed with the Florid	la Dept. of State)	
P20000016770			
(Documer	nt Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corpor	ation adopts the following .	ng amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
SAME			The new
name must be distinguishable and contain the word "corp." Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional corpor		
B. Enter new principal office address, if applicable:	SAME		
(Principal office address MUST BE A STREET ADDR	PESS )		
		å,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME		MAY 26
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter	the name of the	:17
SAME	nee address.		
Name of New Registered Agent	<u></u>		_
			<del></del>
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	n Code)
	(Cuit)	14.00	, and a
New Registered Agent's Signature, if changing Regist		Programme Calculation	
I hereby accept the appointment as registered agent. 1 c	ат затинат wин апа ассері іне об	ugations of the position	
Signatu	ure of New Registered Agent, if cho	inging	

Check if applicable

<sup>☐</sup> 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.

X Change	<u>101.</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	MAISA SILVA DE SOUZA	4603 CASON COVE DR 321
Add			ORLANDO FL 32811
X Remove 2) X Change	P	MARCOS DE SOUZA	4603 CASON COVE 321
Add			ORLANDO FL 32811
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	adding additional Arti al sheets, if necessary).	(Be specific)			
EMOVE MAIS	A ADD MARCOS AS	PRESIDENT			
		·			
	· · · · · · · · · · · · · · · · · · ·				
		<del></del>			
		<del></del>			
	,				
	-		<del>,</del>		
. If an amendm	ent provides for an excl implementing the ame	nange, reclassificati	on, or cancellation o	of issued shares,	
(if not ap	licable, indicate N/A)	nament (1 not cons	ança m ene amenor	icuc ascu.	

. The date of each amendment(s) date this document was signed.	adoption: if other than the
_	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voing group)
MAY 20 Dated	2021
Signature	
selec	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MAISA SILVA SOUZA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)