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12/11/20--01007-+019 **35.00

Amend

JAH 27 1021 ! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	Services Inc 20000179:71
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Jose	M Pineiro Name of Contact Person
	Name of Contact Person
1023 Carl	Firm/ Company Ave
Lehigh A	CCS FL 33971
JOLESERVIC E-mail address: (to be use	City/ State and Zip Code ES INCO CMAH. COM ed for future annual report notification)
For further information concerning this matter, please	se call:
JOSE M PINEIRO	at (321) 2866/63
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State;
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Name of Corporation	as currently filed with the Florida Dept. of State)
P 2000	00 1 49 41
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word atton "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	ESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
(Mulling dauress MAT BL A POST OF FICE BOX	-2
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	ered Agent: m familiar with and accept the obligations of the position.
hereby accept the appointment as registered agent. I	
hereby accept the appointment as registered agent. I	

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)

Example:

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>PT</u>	John De	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Si	mith			
Type of Action (Check One)	Title		Name			Address
1) Change	5	_	LEONEL	PINETRO	ATAY	1023 CARL AVE LEHIGH ACRES
X Add						LEHIGH ACRES
Remove						FL 33971
2) Change		_				
Add						
Remove 3) Change		_		<u>-</u>		
Add						
Remove						
4) Change		- -				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_			·	
Add					_	
Remove						

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment isself: (if not applicable, indicate N/A)	(Be specific)	cts/ neic.		
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)				
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(if not applicable, indicate N/A)	ange, reciassing	ation, or cancella ntained in the am	<u>tion of issued sn</u> iendment itself:	ares,
				
				
			 	
				
				

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable statedocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
Dated 12/4/2020	
Signature (By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
JOSE M PINE (Typed or printed name of	7RO
_	person signing)
PRESIDENT.	
(Title of person signing)	