## P20000 39323

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: MULTISERVICE	OS LA EXCELENCIA INC				
	UMBER: P20000039323					
The enclosed Art	icles of Amendment and fee are st	abmitted for filing.				
Please return all c	orrespondence concerning this ma	atter to the following:				
	SORANGEL LONIGRO					
	Name of Contact Person					
	MULTISERVICIOS LA EXCELENCIA INC					
		Firm/ Company				
	7722 WEST 29 WAY STE 2	202				
	Address					
	HIALEAH, FL 33018					
		City/ State and Zip Code	2			
	E-mail address: (to be u	sed for future annual report	notification)			
For further inform	nation concerning this matter, plea	ise call:				
SOLANGEL LONIGRO  Name of Contact Person		at (	447-5886			
		Area Co	de & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fo	ee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio The Co 2415 N	Address Incut Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

MULTISERVICIOS LA EXCELENCIA INC

(Name of Corporation	as currently filed wit	h the Florida Dept. of State)	
P20000039323			
(Documen	n Number of Corporati	on (if known)	·-
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Pr</i>	ofit Corporation adopts the fo	lowing amendment(s) t
A. If amending name, enter the new name of the corp	ooration:		
SAFE EXCELLENT SERVICE INC			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 abbrevio	or "Co". A projessio	or "incorporated" or the abbr mal corporation name must	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:			707
(Principal office address MUST BE A STREET ADDR.	<u>ESS</u> )	· ·	
			<u></u>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			$\omega_{}$
			<del></del>
D. If amending the registered agent and/or registered	l office address in Flo	rida, enter the name of the	
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent			
<del></del>	(Florida street address)	)	<del> </del>
New Registered Office Address:		. Florida	
NOT RESIMETED OFFICE MADE S.	(City)	, , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	t <mark>ered Agent:</mark> im familiar with and a	ecent the abligations of the pos	ition.
тистену ассерстве арренитет из годинетов адетс. Та	an jamuwa wiin ana ac	seeps one roughind of the pro-	
Signatu	re of New Registered .	Agent, if changing	

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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

stach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch.	ange, rectassification, e	r cancellation of iss Lin the amondment	itealfo	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
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	block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by _		
, <del>-</del>	(voting group)	
06/15/20 Dated Signature	Somer Jung w	
(By a selec	director, president or other officer – if directors or officers have not beer ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	SORANGEL LONIGRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	