## P20000043051

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SUSTANCE CONTRACTOR TO STATE OF CONTRACTOR STATE

Somend

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	SERVICES CORP		
DOCUMENT NUM	BER: P20000043051		<u>.                                    </u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LUIS MENDOZA			
	Name of Contact Person			
TERMINATION SERVICES CORP				
	Firm/ Company			
	20000 EAST COUNTRY CLUB DRIVE, SUITE 108N			
	Address			
	AVENTURA, FL 33180			
	City/ State and Zip Code			
	·			
	TERMINATIONSERVICES@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)			0.307
	15-man address. (10 be di	sed for future amidal report	nonneation	
For further information	on concerning this matter, plea	se call:		cā
ANTONIO ALVARA	ADO	at (321	313-9606	AMIL: 12
Name of Contact Person		Area Code & Daytime Telephone Number		2 6
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	ÚŽ.
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)	
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Division	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

TERMINATIO	N SER'	VICES.	CORP
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(Name of Corporation as current	ly filed with the Florida Dept. of State)	<del></del> -
P20000043051		(2)
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20000 EAST COUNTRY CLUB DRIVE	
· · · · · · · · · · · · · · · · · · ·	SUITE 108N	
	AVENTURA, FL 33180	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Florida (Zip Code)	
	(,)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of New I	Registered Agent, if changing	
Cheek 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	AP	_	SILVA BARREIRO, MARIA A	9845 NOB HILL LN
Add				SUNRISE, FL 33351
Remove 2) Change	P	<del></del>	MENDOZA, LUIS	20000 E COUNTRY CLUB DR
X Add				SUITE 108N
Remove 3) Change		<del>_</del>		AVENTURA, FL 33180
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				·
Remove				
6) Change				
Add				<del> </del>
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<del>-</del> ,	
<del></del>	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
116	
(if not applicable, indicate N/A)	
(ij noi applicable, indicate N/A)	
(ij noi applicable, indicale N/A)	
(ij noi applicable, indicate N/A)	

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 thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendme	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
07/22/20	)20	
Dated	Luis Mendoger.	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	LUIS MENDOZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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