P21000010639

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AA ROCHA SERVICES INC DOCUMENT NUMBER: P21000010639 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROCHA VAZQUEZ, LEODELSYS Name of Contact Person AA ROCHA SERVICES INC Firm/ Company 725 GREENT CT Address KISSIMMEE, FL 34759 City/ State and Zip Code fendoman@yahoo.es E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEODELSYS ROCHA VAZQUEZ at (1) 407-361-2676

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AA ROCHA SERVICES INC	2021 HAY - 6 DW .				
(Name of Corporati	ion as currently filed with the Florida Dept. of State) 11 4: 57				
P21000010639	SECRETARY OF CTITE				
(Docum	SECRETARY OF STATE (Document Number of Corporation (if known) (Document Number of Corporation (if known)				
(Docum	ment (valued of corporation (it known)				
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the co	orporation:				
	The new				
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."				
B. Enter new principal office address, if applicable	2;				
(Principal office address MUST BE A STREET ADI					
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV)				
(maining data ess MAT DE ATOST OTTICE BO					
D. If amending the registered agent and/or registe					
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:	, Florida (City) (Zip Code)				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Reg	vietomod 4 gants				
	I am familiar with and accept the obligations of the position.				
Sign	ature of New Registered Agent, if changing				
Ch. Life. P. M.					
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 Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Si	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) Change	VP		LAGUARDIA ROCHA, ARMANDO	725 GREEN CT			
Add				KISSIMMEE, FL 34759			
X Remove				<u></u>			
2) Change		_					
Add							
Remove 3) Change		_					
Add				<u> </u>			
Remove							
4) Change		_					
Add							
Remove							
51 Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

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rovisi	ons for impl	ementing the	amendme	nt if not co	ntained in	the amen	dment itself	iares,	
(if	not applicabl	e, indicate N/2	<u> </u>			tile unicit	anicii uscii	£	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	ore than 90 days after amendment file date)
(no m	re tran 90 days after amenament fue date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK (<u>NE</u>)
The amendment(s) was/were adopted by the incorporaction was not required.	rators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	olders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	s) was/were sufficient for approval
by	·"
(voting gro	p)
Dated 04/09/20	0 <i>21</i>
Signature	
(By a director, president or	other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court fiduciary)
_ Leode	1515 Bocha Vazguez. or printed name of person signing)
(Typed	r printed name of person signing) V
P	
(Title o	person signing)