Э

Department of State **Division of Corporations** 

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000146855 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: DOCUMENT PLANET INC

Account Number : I20180000095

Phone : (305)510-3848

Fax Number

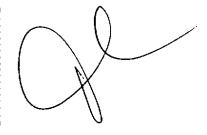
: (786)789-2416

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@documentplanetinc.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LEZU BUSINESS PLUS, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



**显**2 of 5

Articles of Amendment to

From: +17867892416 (Document Planet)

Articles of Inco	corporation	
LEZU BUSINESS PLUS INC		
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P21000011674		
(Document Number of	f Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following an	nendmeni(s)
A. If amending name, enter the new name of the corporation:		
AL SERVICE SOLUTIONS INC	Th	e new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "(	Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		د <u>ہ</u> ۰۰ <del>۰</del>
(The pure)		<del></del> >
		13
		• •
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>	***************************************	<u>သ</u> တ
		<del></del>
D. If amending the registered agent and/or registered office addre		
new registered agent and/or the new registered office address:	<u>:</u>	
Name of New Registered Agent		
(Florida sired	eet address)	
New Registered Office Address:	, Florida	
(0	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
-		
Signature of New Reg	rgistered Agent, if changing	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	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)

April 19, 2020, 17:29 (UTC 04)

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			\i
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	4.00
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del>-</del>
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not applicable, traicale N/A)	

the

the

To: +18506176380

The date of each amendment(s) adoption:	_, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	2
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	် <u>သ</u> ထ
by"	
(voling group)	
Signature  (By a director, president of other officer – if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed operinted name of person signing)	
(Title of person signing)	

(((H23000146855 3)))