P21 0000 32844

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2021 APR 27 AM 7: 44
SECRETARY OF STATE
TALLAHASSEF TATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	LTH SERVICES CORP	
	BER: P21000032844		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MIGUEL E AVILA ORTEG	A	
		Name of Contact Person	1
	JIMAGUAS HEALTH SERV	VICES CORP	
		Firm/ Company	
	1560 WEST 46 ST APT 212		
		Address	
	HIALEAH, FLORIDA 33013	2	
		City/ State and Zip Cod	е
	DR0620@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information MIGUEL E AVILA	on concerning this matter, pleas	se call: at (305	778-0668
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
	or the following amount made		·
s35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.O	conditional control of Corporations Box 6327 Inhassec, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

JIMAGUAS HEALTH SERVICES CORP

(Name of Co	orporation as currently fi	led with the Florida Dents of State AH 7: 45
P21000032844		TO STATE
	(Document Number of Co	orporation (if known) EURETARCT OF STATE TALLAHASSEE, FL
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	i, Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:	
N/A		The new
	" "Inc," or "Co". A pr	pany," or "incorporated" or the abbreviation "Corp.," cofessional corporation name must contain the word
B. Enter new principal office address, if ap	anticable:	N/A
(Principal office address MUST BE A STRE		
	-	
	_	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A
	_	
	-	
D. If amending the registered agent and/or		in Florida, enter the name of the
new registered agent and/or the new reg		
Name of New Registered Agent N/A	\	
	(Florida street a	iddress)
New Registered Office Address:		, Florida
	(Ciņ	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
	Signature of New Regis	tered 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)

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> <u>Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MIGUEL A AVILA ORTEGA	1560 WEST 46 ST APT 212
Add			HIALEAH, FLORIDA 33012
Remove 2) Change	1,	MIGUEL E AVILA ORTEGA	1560 WEST 46 ST APT 212
X Add			HIALEAH, FLORIDA 33012
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
'A	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
	

The date of each amendmen	
date this document was signe	
Effective date if applicable:	04/03/2021
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
	es east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	7/20 . †_
Dated	
	900.
Signature _	By a director, president or 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)
	MIGUEL E AVILA ORTEGA
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)