## P21000063355

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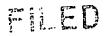
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: EMPIRE OF SER	VICES ENTERPRISES IN	C			
DOCUMENT NUM	P21000063858					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	NICOLAS GARCIA					
		Name of Contact Person	1			
	EMPIRE OF SERVICES ENTERPRISES INC					
		Firm/ Company				
	3169 NW 11 ST					
	Address					
	MIAMI, FL 33125					
	City/ State and Zip Code					
		,				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:				
NICOLAS GARCIA	<b>\</b>	at ( <sup>786</sup>	709-1931			
Name	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
51	ailing Address	Street	Address			
At	nendment Section	Amendment Section				
	Division of Corporations  Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee Tallahassee FL 32314 2415 N. Monroe Street Suite 8						

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



EMPIRE OF SERVICES ENTERPRISES INC		2021 AUG 30 PM 3: 26
(Name of Corp	poration as currently filed with the	Florida Dept. of State)
P21000063858		DEGREENLY OF STATE
(1	Document Number of Corporation (if	known) Child HASSELF PL
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	llorida Statutes, this Florida Profit Co	orporation adopts the following amendmen
A. If amending name, enter the new name of	the corporation:	
<del>-</del>		<i>7</i> 7
name must he distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional co	The new corporated" or the abbreviation "Corp.," orporation name must contain the word
3. Enter new principal office address, if appli		
Principal office address MUST BE A STREET	(ADDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )	
). If amending the registered agent and/or re	paistered office address in Florida, a	ntar the name of the
new registered agent and/or the new regist	ered office address:	are the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		177 - 17
New Negater of Office Autoress.	(City)	, Florida(Zip Code)
		·
ew Registered Agent's Signature, if changing hereby accept the appointment as registered ag	z Registered Agent: ent. I am familiar with and accept th	c obligations of the position,
	Cim of Carlo	<u> </u>
	Signature of New Registered Agent, if	tchanging
heck 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MICHAELS J GARCIA	3169 NW 11 ST
Add			MIAMI, FL 33125
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
f) Change			
Add			
_ Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u>,</u>				
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n amendment provides for an excl ovisions for implementing the amo	hange, reclassificati endment if not cont	on, or cancel ained in the :	<u>llation of issue</u> imendment it	<u>ed shares.</u> self:		
(if not applicable, indicate N/A)				·····		
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	08/26 2021	
The date of each amendment(s) adoption this document was signed.	otion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file de	ne)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the reient for approval.	umendment(s)
must be separately provided for each	yed by the shareholders through voting groups. The following the shareholders through voting group entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cust for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
08/26/2021 Dated		
s <b>pl</b> eeted, b	president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, offiduciary by that fiduciary)	r other court
NI	COLAS GARCIA	
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	