P22000034539

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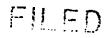
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: BONAT SERVICE	ES CORP	
DOCUMENT NU	MBER: P22000034539		4.5
	les of Amendment and fee are su	bmitted for filing.	
Please return all cor	rrespondence concerning this ma	tter to the following:	
	DARANA VALDES		
		Name of Contact Person	1
	BONAT SERVICES CORP		
		Firm/ Company	
	649 Flagami BLVD		
		Address	
	MIAMI FL 33144		
		City/ State and Zip Code	e
	valdesdary@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informs	tion concerning this matter, pleas	so call:	
For further informa	tion concerning this matter, prea.	ac can.	
DARANA VALDE	ES	786	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BONAT SERVICES CORP

2022 MAY 18 PH 1: 04

	Tined with the Livida Isept with the Page 11 and
P22000034539	y filed with the Florida Dept. of State). SECRETARY OF STATE TALLAHASSEE, TELLE.
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	TV
name must he distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	649 Flagami BLVD Miami FL 33144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	649 Flagami BLVD Miami FL 33144
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the
	-
Name of New Registered Agent	
tFlorida str	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. Thereby accept the appointment as registered agent. Tam familiar v	: with and accept the obligations of the position.
Thereby accept the approximent as registered agent. Then yammar i	The state of the s
Signature of New R	egistered 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>	John Doe	
X Remove	\underline{V}	Mikę 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			 •
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)			
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<u>.</u>				
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f an ame <u>ndment provides for an ex</u>	cchange, reclassific	cation, or cancella	ation of issued share	<u>28.</u>
neavicians for implamenting the au	menument it not co	ontained in the al	menantene usen:	
<u>provisions for implementing the au</u> (if not applicable, indicate N/A)				
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provisions for implementing the at (if not applicable, indicate N/A)				

	05/12/2022
The date of each amendment(s	adoption:, if other than th
date this document was signed.	
	5/12/2022
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 requirements, this date will not be listed as the Department of State's records.
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 shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
05/12/20	22
Dated	
Signatura	
selec	director, president or other officer - if directors or officers have not been ted. by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DARANA VALDES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)