220000571628

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | <u> </u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | _ |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer. | - |
| | J. HORING | |





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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: AAS TRIM SERVICES INC |
| DOCUMENT NUMBER: 122000057628 |
| The enclosed Articles of Amendment and fee are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| LUCIMAR VICARINO MUSCH |
| Name of Contact Person LM ACCOUNTING & PAYROLL SERVICES LICE Firm/ Company |
| 4221 BAYMEADOWS RD, SUITE 14 |
| JACKSONVILLE FL 32217 City/State and Zip Code |
| Limbourell 36 gmail Com E-mill address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| LUCIMAR / MUSCH at (904) 699-6634 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 JUL 25 AH 10: 53

| AASTRIN | 1 SER | VicEs | INC | SECRETARY OF STATE |
|--|--|---------------------------------------|--------------------------------------|---|
| (Name of Corporati | ion as currently | filed with th | e Florida Dept. o | of State |
| F22000 | 0005762 | 8 | | |
| (Docur | nent Number of | Corporation (| if known) | |
| Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation: | a Statutes, this F | lorida Profit | Corporation adop | ots the following amendment(s) to |
| A. If amending name, enter the new name of the c | orporation: | | | |
| | | | | The new |
| name must be distinguishable and contain the word "c" inc " or Co" or the designation "Corp," "Inc, "chartered," "professional association," or the abbra | " or "Co". A | ompany," or ' professional | 'incorporated' or corporation nan | the abbreviation "Corp.," ne must contain the word |
| B. Enter new principal office address, if applicable | <u>e:</u> | | | |
| (Principal office address MUST BE A STREET AD | <u>DRESS</u>) | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>9.X</u>) | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | red office address: | ess in Florida | i, enter the name | of the |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida stre | et address) | | |
| New Registered Office Address: | | | . 1 | Florida |
| West Median Comments | (| City | | (Zip Code) |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | <u>gistered Agent:</u> - <i>I am familiar</i> w | ith and accep | of the obligations (| of the position. |
| The control of the co | ,, , | · · · · · · · · · · · · · · · · · · · | ., | |
| | | | | |
| | | | | |
| Sigi | nature of New Re | gistered Agei | ni. If changing | |

Check if applicable

I The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| imending or adding additional Arti- tach additional sheets, if necessary). | (Be specific) | | | |
|---|-------------------------------|-----------------------|---------------------------------------|--------------|
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| | | 11 | | |
| f an amendment provides for an exclurovisions for implementing the ame | nange, reclassification, or c | the amendment itself | nares, F | |
| (if not applicable, indicate N/A) | muntent it not Contained in | the angenoment reserv | | |
| (a not apprendict blacker boot) | | | | |
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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:

(trach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

President, \hat{V} = Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C= Chairman or Clerk; CEO= Chief is easily Officer; CEO= Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. Indeed, Treasurer, Director would be PTD.

hanges 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 Sange. 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.

| N.C. hange | \underline{PT} | John Doc | |
|-------------------------------|------------------|------------------------------|---------------------|
| N Remove | <u>V</u> | Mike Jones | |
| N Add | <u>sv</u> | Sally Smith | • |
| (xpg of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| L) Change | P | LUCIMAR ADE GUNDESDOS SANTOS | 103 RICHMOND STREET |
| Add | | | ST. JUHNS, FL 32259 |
| XRemove | ₽ | ANILTON ADEGINDES DOS SAN | <u> </u> |
| X .vdd | | | 103 RICHMOND ST |
| Remove | | | ST. JUHNS FC 32250 |
| Add | | | |
| Remove | | | |
| Ohange Change | | | |
| \dd | | | |
| Remove | | | |
| . · Change | | | |
| _ Add | | | |
| Remove | | | |
| (Change | | | |
| Add | | | |
| Remove | | | |

| The date of each amendment(s) ac | loption: | , if other than the |
|--|--|---|
| Late this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date |) |
| Note: If the date inserted in this becoment's effective date on the De | lock does not meet the applicable statutory filing requiremen partment of State's records. | ts, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without shareh | older action and shareholder |
| The amendment(s) was/were add oy the shareholders was/were su | opted by the shareholders. The number of votes east for the an fficient for approval. | endment(s) |
| X The amendment(s) was/were app must be separately provided for | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme | ng statement nt(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | • |
| Dated <u>07/</u> , | 15/2022 | |
| (By a d | and Rolegunds dos Santo irector, president or other officer – it directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or | not been |
| appoin | ted fiduciary by that tiduciary) | |
| | LUCIMAR ADE GUNDES DOS SA (Typed or printed name of person signing) | NTO S |
| | (Typed or printed name of person signing) | |
| | YRESIDENT | |
| | (Title of person signing) | |

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