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SECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: M&A SERVICE GRO	UP CORP			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are submi	lited for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	FRANCY MENDOZA				
-		Name of Contact Person			
-		Firm/ Company	<del></del>		
Address					
	6451 NW 41ST STREET				
-	City/ State and Zip Code				
	CORAL SPRINGS, FL 33067				
•	E-mail address: (to be use	ed for future annual report no	otification)	2024 SEC	ar i •·l
For further information	n concerning this matter, pleas	e call:		JAN 11 RETAR	
FRANCY MENDOZ	٨	954 at (	588-7074	SER PE	, 1 to
Name	of Contact Person	Area Cod	le & Daytime T		nber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State	· 🖫 O	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 File Certificate Certified Ce	of Status Copy al Copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The (	Address dment Section ion of Corporat Centre of Talla N. Monroe S	ahassee	810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

&A SERVICE GROUP CORP		
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
23000083919		
(Document Num	nber of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statute Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amends	ment(
If amending name, enter the new name of the corporati	ion:	
a to the total and anticipal and an artist	The n ion," "company," or "incorporated" or the abbreviation "Corp	
	Co". A professional corporation name must contain the we	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	)	_
	79 E	Carl Carl
		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 T
(Muning dualess first parts out of the same	inch in	
	The state of the s	_
		_
. If amending the registered agent and/or registered off new registered agent and/or the new registered office :  Name of New Registered Agent	ice address in Florida, enter the name of the address:	
(F)	lorida street address)	
N D I COM ATT	(City) , Florida (Zip Code)	
New Registered Office Address:		

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, as 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Char. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	1 Doc	
X Remove	Y Mik	c Jones	
_X Add	SY Sall	y Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	<u>T</u>	FRANCY MENDOZA	6451 NW 41ST STREET
Add			CORAL SPRINGS, FL 33067
Remove			
2) Change			
Add			2024 JAN SEGRET
Remove Change			
Add			STOP PER THE
Remove			(F)
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

I amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	
	2021 JAN
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	P. CO. P. C.
	<u>විග ගැ. ි</u>
an amendment provides for an exchange, reclassification	n, or cancellation of issued shares,
rovisions for implementing the amendment if not contain (if not applicable, indicate N/A)	neg in the amendment usen.
(y not applicable, maleate min)	
	<u> </u>

The date of each amendment(s)	adoption:	, if other the
date 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 document's effective date on the	block does not meet the applicable statute Department of State's records.	ory filing requirements, this date will not be liste
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of di	rectors without shareholder action and sharehold
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	pproved by the shareholders through voting or each voting group entitled to vote separate	
"The number of votes ca	st for the amendment(s) was/were sufficient	ent for approval
by	(voting group)	
• —	(voting group)	
01-11-20 Dated Signature	024 (1) (1) (1)	2024 JAN 11 1 SECRETARY
(By sele	a director, president or other officer – if d cted, by an incorporator – if in the hands cointed fiduciary by that fiduciary)	
	FRANCY MENDOZA	
	(Typed or printed name of	person signing)
	TREASURER	
	(Title of person signing)	