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	MENT NUMBER(S), ((if known):
All in One Servi	ce Interno	wional, Inc.
	• ,	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
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Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ership

Articles of Amendment to Articles of Incorporation of



All In One Service International, Inc. P95000001859 (Document Number of Corporation)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

distinauish	able and contain the work "corporation," "co		ne new name m or the abbrevio
"Inc.," or "(Co". A professional corporation name must cointies and a second corporation in the contract of		
. Enter new	principal office address, if applicable:	12550 Biscayne Blvd.	
(Principal d	office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL. 33181 Ste. 212	
. Enter new	mailing address, if applicable:	12550 Biscayne Blvd.	
(Mailing ad	ldress <u>MAY BE A POST OFFICE BOX)</u>	Miami, FL. 33181 Ste. 212	
D. <u>If amendin</u>	Idress <u>MAY BE A POST OFFICE BOX)</u> g the registered agent and/or registered off agent and/or the new registered office addr		
D. <u>If amending</u> registered		ice address in Florida, ente	
D. If amending registered and Name of Name	g the registered agent and/or registered off agent and/or the new registered office addr	ice address in Florida, ente	r the name of
D. If amending registered and Name of Name	g the registered agent and/or registered off agent and/or the new registered office address Registered Agent:	ice address in Florida, enteress: Maria Gabriela Moran 16950 West Dixie Hwy. #5	r the name of the state of the
D. If amending registered and Name of Name	g the registered agent and/or registered off agent and/or the new registered office address Registered Agent:	ice address in Florida, enteress: Maria Gabriela Moran 16950 West Dixie Hwy. #5	r the name of

If amending the Officers, and/or Directors, enter the title and name of officer/director being removed and title, name and address of each Officer and/or Director being added: Title Name **Address** Type of Action PSD Dimitrios Bellos 290-174 Street #905 Remove <u>Add</u> PSD Maria Gabriela Moran 16950 West Dixie Hwy. #524 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Percentage of Ownership: Maria Gabriela Moran – 100%

The date of each amendment(s) adoption:

January 11, 2010
(date of adoption is required)

Effective date if applicable:

January 11, 2010
(no more than 90 days after amendment file date)

(CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the following amendment(s) by the share holders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. I The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Date: January 11, 2010 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.) Maria Gabriela Moran (Type or printed name of person signing) (Title of person signing)

> EXPIRES: MAY 20, 2012 Bonded through 1st State Insurance