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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SERVICUBA, INC DOCUMENT NUMBER: S03776 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOURDES OJEDA Name of Contact Person Firm/ Company 3615 W 13 AVE Address HIALEAH,FL 33012 City/ State and Zip Code LULAOJEDA@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\begin{array}{c} \text{at (305)} & 3709532 \\ \hline \text{Area Code \& Daytime Telephone Number} \end{array}$ LOURDES OJEDA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

SERVICUBA, INC				
	currently filed with the Flo	rida Dept. of State)		
S03776				
(Documen	t Number of Corporation (if l	known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:		lorida Profit Corporation adopts	the following amo	endment(s) to
A. If amending name, enter the new na	me of the corporation:		The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate. B. Enter new principal office address, in	ation "Corp," "Inc," or "C tion," or the abbreviation "P.	o". A professional corporation	d" or the abbrev name must confa	in the
(Principal office address MUST BE A ST			; •	•
C. Enter new mailing address, if applications (Mailing address MAY BE A POST (3682 W 12 AVE	-	
	HIALEAH,FL 3301	2		
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of	<u>the</u>	
Name of New Registered Agent	LOURDES OJED)A		
	3615 W 13 AVE			
	(Florida stree	•		
New Registered Office Address:	HIALEAH	, Florida 33	012	
	(City)	((Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist Signature.	nanging Registered Agent: ered agent. I am familiar wi ow Oe Contact of New Registered Agents		the position.	

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 <math>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	PT John D	<u>oe</u>				
X Remove	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change	PSD	SEFORA M CRUZ	2211 NE 124 ST			
Add			MIAMI, FL 33181			
Remove						
2) Change	PSTD	LOURDES OJEDA	3615 W 13 AVE			
Add			HIALEAH, FL 33012			
Remove						
3) Change						
Add			., ., .			
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach a	additional sh	ing additiona eets, if necesso	ary). (Be	e specific)	agets, Hele.			
								
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<u>nrovis</u>	<u>nenament pi</u> ions for imp	rovides for ar lementing the	<u>i exchang</u> e amendm	<u>e, reciassii</u> ent if not :	ication, or c	the amendn	or issued sna) ient itself:	es,
(if	not applicat	ole, indicate N	/A)			· -		
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							· · ·	
						_		

The date of each amendment(s) adoption:	, if other than the
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/27/2015 Signature Jan De Ojda	
Signature Jan De Ojda	
(By a diffector, president or other officer – It 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)	
Lourdes OJeda.	
(Typed or printed name of person signing)	
PSTD.	
(Title of person signing)	

Att and the second