

P01000080993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

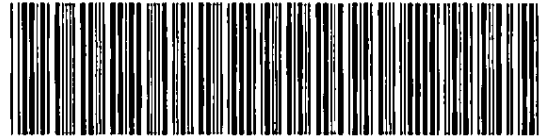
(Business Entity Name)

(Document Number)

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2018 NOV 27 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMERICALIZADORA DEL CARIBE CORP

DOCUMENT NUMBER: P01000080993

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIENILDA PIERLUISSI
Name of Contact Person

MPE CONSULTING CORP
Firm/ Company

2700 GLADES CIR STE 127
Address

WESTON FL 3327
City/ State and Zip Code

ADMIN@MPECONSULTING.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIENILDA PIERLUISSI at (754) 216-4105
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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment
to
Articles of Incorporation
of

2018 NOV 27 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMERCIALIZADORA DEL CARIBE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000080993

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

COMERCIALIZADORA DEL CARIBE CORP

_____The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc." or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

11-16-2018

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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):

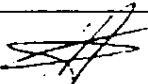
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

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.

11-16-2018
Dated _____

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)

JORGE YILO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Weston Commercial Center
2600 Glades Circle Suite 200
Weston , FL 33327

Invoice

Telephone: (954) 384-6949

Fax: (954) 384-6258

Date: 01-Dec-2018

Building: C- 2700

Unit: 128

Comercializadora del caribe usa, Corp.
2700 Glades Circle, suite 128
weston , FL 33327

Business Phone:

Cell Phone:

Fax:

Page: 1

Email Address: mgomez@codelcar.com

Date	Description	Reference	Amount
Next Month Invoices			
01-Dec-2018	StudioRent Studio Tenant Rent	72138	\$712.00
Subtotal:			\$712.00
State Sales Tax			\$41.30
Total Due:			\$753.30

Payment due 12/1/18

We have previously sent an email for some changes that needed to be applied for:

Fictitious Name: CODELCAR CORPORATION.

Registration Number: G04093900159

Since the name of the Owner Information has been misspelled in Sunbiz , the correction has not been applied correctly.

Please proceed with the changes.

Owner's information Name must be: **COMERCIALIZADORA DEL CARIBE CORP.**

Prather, Stacy

From: Vanessa Mata <admin@mpeconsulting.net>
Sent: Tuesday, November 6, 2018 2:19 PM
To: Fictitious Name Address Change
Cc: mgomez@codelcar.com
Subject: Update fictitious name registration
Attachments: 2016- Name change.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Update fictitious name:

G18000118555

- *The exact fictitious name registered:*

CODELCAR CORPORATION

- *The assigned Department of State registration number:*

G04093900159

- *The information you wish to change:*

Filing information

COUNTY: MULTIPLE

OWNER information

NAME: COMERCIALIZADORA DEL CARIBE, CORP

Vanessa Mata

Administrative Assistant

2700 Glades Circle Ste 127

Weston, FL 33327

Tel: 754-216-4105

Cel: 786-4872340/Fax: 954-2524345

<mailto:maryp@mpeconsulting.net>

Y SULKER

NOV 07 2018

 **MPE Consulting**
Accounting, Taxes & Consulting