## P11000056718

(Requestor's Name)
(Address)
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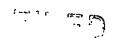
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: PITAFE INVEST	MENTS, INC	
DOCUMENT NUMBE	R: P11000056718		
	Amendment and fee are su	ubmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
A	NGEL D CORDOVA		
_	_	Name of Contact Per	son
A	NGEL D CORDOVA & C	О	
_		Firm/ Company	
78	80 NW 42 AVENUE STE		
_		Address	
М	IAMI, FL 33126		
_		City/ State and Zip C	ode
AR@A0	CORDOVA.COM		
	E-mail address: (to be u	sed for future annual repo	ort notification)
For further information c	oncerning this matter, plea	se call:	
ANGEL D CORDOVA		305 at (	444-5511
Name of	Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida De	epartment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 ussee, FL 32314	Ame Divi Clift	et Address Indiment Section Ission of Corporations Indian Security on Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



(Name of Cornoration as cur	· · · · · · · · · · · · · · · · · · ·
\.\tanie of Corporation as ear	で 2718 いつ・12 P出 L
1000056718	
(Document Numb	ber of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the corporation	<u>n:</u>
A.	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	2900 W 12 AVENUE STE 15
incipal office address MUST BE A STREET ADDRESS	HIALEAH, FL 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2900 W 12 AVENUE STE 15
	HIALEAH, FL 33012
If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent ANGEL D CORDOV	
780 NW 42 AVENUE	E STE 325
	da street address)
New Registered Office Address: MIAMI, FL	Florida 33126
nes negative office nations.	(City) (Zip Code)
	(City)
w Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent. I am family	gent: Tian 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	COLON, JOSE S.	15053 AW 109 LN
Add X			MIAMI, FL 33196
Remove			
2) X Change	DV	GONCALVES-PITA, CARLOS	2900 W 12 AVENUE STE 15
Add			HIALEAH, FL 33012
Remove 3) X Change	DPS	GONCALVES-PITA, JOSE	2900 W 12 AVENUE STE 15
Add			HIALEAH, FL 33012
Remove			
4) X Change	DV	GONCALVES-VIEIRA, JUAN F	2900 W 12 AVENUE STE 15
Add			HIALEAH, FL 33012
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

	sheets, if necessary). (Be	specific)			
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I <i>C</i>				1 .1	
orovisions for inv	provides for an exchange, plementing the amendmen	reciassification, or it if not contained	in the amendment i	tself:	
(if not applica	ible, indicate N/A)			NOCTI-	
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The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Fffective date if annicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Has been coffee - if directors or officers have not bee	
Signature + Lose Gincofors Ato	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co	n t
appointed fiduciary by that fiduciary)	ınt
Tose Gonolues Pita (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Phes	
(Title of person signing)	