P12000049272

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATES

Amund 10, 12.1.14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CLONHADAS	СО	
DOCUMENT NUMBER:	P1200004927	2	
The enclosed Articles of Amendm	and and the are submitted to	r filing	
-		-	
Please return all correspondence co	oncerning this matter to the	following:	
	CARLOS A	NDRES F	PABON
	Name	of Contact Perso	n
	CLONHA	ADAS CO	
Firm/ Company			
	9443 SW	170th C	
	Miomi	Address	.c
		FI. 3319 tate and Zip Cod	
•	·	·	
	andrespabo	~ ~	
E-mail	address: (to be used for futu	ire annual report	notification)
For further information concerning	this matter, please call:		
Carlos Andres Pabo	n	at (786	, 238-1400
Name of Contact P	erson		de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made payable to	the Florida Depa	artment of State:
-	ficate of Status Certif	5 Filing Fee & ied Copy ional copy is sed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Sec		-	Iment Section on of Corporations
Division of Corporations P.O. Box 6327			Building
Tallahassec, FL 32314			Executive Center Circle

Articles of Amendment Articles of Incorporation of



CLONHADAS CO

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

nent(s) to

P120	00049272
(Document Number of Corp.	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	The new proporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	9443 SW 170th CT
(Principal office address <u>MUST BE A STREET ADDRES.</u>	Miami, Fl. 33196
C. Enter new mailing address, if applicable:	9443 SW 170th CT
(Mailing address MAY BE A POST OFFICE BOX)	
	Miami, Fl. 33196
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
	lorida street address)
·	,
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature of New Res	gistered 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 <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	<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	<u>Name</u>		<u>Addres</u> s
1) Change	MGR	LICETH F VARGAS	_	15493 SW 12TH TERRACE
Add				MIAMI, FL. 33194
Remove				
2) Change	VP	CARMEN M. CABARCAS F	•	9443 SW 170th CT
Add				MIAMI, FL 33196
Remove				
3) Change	VP	CARLOS ANDRES PABON	SR.	15493 SW 12TH TERRACE
Add				MIAMI, FL 33194
√ _Remove				
4) Change	Р	CARLOS ANDRES PABON	_	9443 SW 170th CT
✓ ∧dd				MIAMI, FL 33196
Remove				
5) Change				
Add			_	
Remove				
6) Change			_	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option: + 17 107 14	, if other than the
Effective date if applicable:		
Elective date it applicable.	(no more than 90 days after amendment file date)	_ _
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/10/20	914	
Signature	MATERIAL STATES	
	recto, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
uppen.	ou nationally by that nationally,	
	CARLOS ANDRES PABON	
-	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
-	(Title of person signing)	