P16000013637

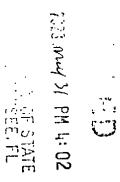
(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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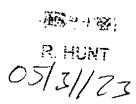
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:
P16000013637 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADA CARMONA
(Name of Contact Person)
ACROSS CONNECTION
(Firm/ Company)
285 EDISTO PLACE
(Address)
APOPKA Ft. 32712
(City/ State and Zip Code)
ACIBIZ101@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EFRAIN A YERENA 407 600-9230
(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

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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.151	1.31	``\	. 1		w	111	.,,,,,,	۱L.		LINE.

(Name of Corporation as currently flied with th	e Florida I	Dept. of State)			
P16000013637					
(Docum	nent Numb	er of Corporation (if kno	own)		·
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statuti	es, this <i>Florida Not For</i>	Profit Corporation 2	idopts the f	ollowing
A. If amending name, enter the new name of th	e corporat	<u>ion:</u>			
					The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam	L"corpora c	tion" or "incorporated"	or the abbreviation		
B. Enter new principal office address, if applica	ıble:	9481 S ORANGE AVE	Ē		
(Principal office address <u>MUST BE A STREET A</u>		ORLANDO, FL 32824	•		
				:	2.3
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE	BOX)	N/A		1	<u> </u>
				1	٠
				000	_p_ ;
				1777 1777	 _ (
D. If amending the registered agent and/or reginew registered agent and/or the new registered.	stered offi ed office a	ce address în Florida, e ddress:	nter the name of the	三五	PH 4: 03
Name of New Registered Agent:		A YERENA GONZAL	EZ	1.1	
Name of New Registered Agent.	9481 S. O	DRANGE AVE			
			ida street address)		
New Registered Office Address:		·			
	ORLANI	DO	Florida		
		(City)	(Zip)	Code)	
New Registered Agent's Signature, if changing 1 I hereby accept the appointment as registered agen	Registered it. Lam fai	Agent: miliar with and accept th	ne obligations of the ;	position.	
-		A CALL DO			
	Si	gnanire of New Register	ea 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 X_Remove X_Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	T	YERENA LANDER, JOSUE E	12927 SUGAR RUN DR APT 10-205
x Remove			ORLANDO, FL 32821
2) Change Add	VP	PALACIOS PEREZ, JOSE F	12927 SUGAR RUN DR APT 10-205
X Remove			ORLANDO, FL 32821
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		-	
Remove			
(attach additional shee	ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific) lows EFRAIN A YERENA GONZALEZ, Pre	sident 99% and JOSE AFRIAS, Secretary 1

		
		
		
		 _
-		
The date of each amendment(s) adoption date this document was signed.	5/22/23	, if other than the
Effective date if applicable: 5/22/23		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this dant of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendm	ent(s)

•

Dated	5/22/23
Dated	1/
Signatu	To Spain General
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	YERENA GONZALEZ. EFRAIN A
	(Typed or printed name of person signing)