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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 1 9 2018 S. YOUNG

### COVER LETTER

TO: Amendment Section Division of Corporations
$\rho_{1}$ $\rho_{2}$ .
NAME OF CORPORATION: Tall Cussing
DXCUMENT NUMBER: \$1600072370
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Osvaldo fla
Name of Contact Person
Firm/ Company
14940 SW 42 Hd CA
mixamer R. 33027
City/ State and Zip Code
Placisas Osmail. wm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\alpha$
USvaldo Pla 11,786, 972-6922
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 Certificate of Status    \$\sum_{\text{Certificate}} \sum_{\text{S43.75}} \sum_{\text{Filing}} \sum_{\text{Fee}} \text{Certified Copy} \ (Additional copy is enclosed)    \$\sum_{\text{Certified}} \sum_{\text{Certified}} \sum_{C
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

to

#### Articles of Incorporation

Pla	or	jans	Iuc	
(Name of Corporation	, -		Clorida Dept. of St	<u>ate</u> )
<i>P1</i>	000		70	
(Docume	nt Number of	Corporation (if I	(nown)	
Pursuant to the provisions of section 607,1006, Florida tits Articles of Incorporation:	Statutes, this I	Florida Profit Co	orporation adopts th	ne following amendment(s)
A. If amending name, enter the new name of the cor-		1		
	v	1/14		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "C	Co". A professi		
B. Enter new principal office address, if applicable:			4/4	
(Principal office address <u>MUST BE A STREET ADDI</u>	(ESS )			<u>7</u> 2/2/2 <b>36</b>
				A L
C. Enter new mailing address, if applicable:				SEI 7
(Mailing address <u>MAY BE A POST OF FICE BOX</u>	)			<u> </u>
		<del></del>		<u> </u>
				€ <b>.</b> .
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			nter the name of the	<u>ne</u>
Manus of New Designatured Against	LA.	112		
Name of New Registered Agent		1 10		
	(Florida stre	net addrase)		<del></del>
	(1 407 144 347	er daure, sir		
New Registered Office Address:		(City)	, Florid	da (Zip Code)
	,	, c.i.y /		(7.4) Couc)
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered agent. 1	am familiar w	with and accept th	ne obligations of the	r position.
()a	1/1			
Nignu	ure of New R	egistered 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	PT John Doe	
X Remove	<u>∨</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add	Title Name  V Huso Je Plan	14840 SW 424d C Miramar, Pl 3302
Remove		
Remove 3) Change Add		
Remove 4) Change Add		
Remove  5)ChangeAdd		
Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
-05100100100000000000000000000000000000
<u> </u>
14.3.0/2
100 /0 Share Holder
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
U/A
<del></del>

The date of each amendment(s) adoption:	4/30/2018	, if other than the
date this document was signed.  Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
	•	
Note: If the date inserted in this block does no document's effective date on the Department of S	of meet the applicable statutory filing requirements, this date wi State's records.	Il not be listed as th
Adoption of Amendment(s) (CHF	ECK (ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	<u>`</u> .	
(voii)	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	poard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	
Dated	1 2018	
selected, by an ottor	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary l	Osvaldo lo la	)
(1)	Typed or printed name of person signing)	
	(Title of person signing)	