P18000082883

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MAT	CH-UP MINI MART COF	₹P
DOCUMENT NUMBER:		P18000082883	
The enclosed Articles of Amendment			
Please return all correspondence conc	erning this ma	itter to the following:	
		LOURDES COCHEZ	
		Name of Contact Persor	1
	CC	CHEZ ASSOCIATE SER	VICES
		Firm/ Company	
		17 WEST 17 ST SUIT	. 1
		Address	
		HIALEAH, FLORIDA 33	010
		City/ State and Zip Cod	2
COCHEZASSO	OCIATESERV	VICES@GMAIL.COM	
		sed for future annual report	notification)
For further information concerning th LOURDES COCHE	·		4506573
Name of Contact Perso	on	Area Co	de & Daytime Telephone Number
inclosed is a check for the following			
	Filing Fee & ate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327	1110113	The Co	entre of Tallahassee
Tallahassee, FL 323	14	2415 እ	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MATCH UP MINI MART CORP

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P18	000082883
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
COCHEZ ASSOCIATE SERVICES.CORP	The new
name must be distinguishable and contain the word "corporation" lnc.," or "Co.," or the designation "Corp." "Inc.," or "Co" or "Co" or the designation or "Corp." "Inc.," or "Co" or the abbreviation of the a	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	17 WEST 17 ST SUIT 1
	HIALEAH FL 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17 WEST 17 ST SUIT 1
	HIALEAH FLORIDA 33010
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) Tigrap Code) [Tigrap Code] Tigrap Code
New Registered Agent's Signature, if changing Registered ,	Agent.
I hereby accept the appointment as registered agent. I am fan	ailiar with and accept the obligations of the position.
Signature of i	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X_Change	<u>PT</u>	John Doe			
X Remove	\underline{V}	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3.) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					 -
6) Change					
Add					
Remove					

		-			
					
					_
					
	_		-		
					
					
		-			
					
an amendment provides for an exch	ange, reclassific	ation, or cancell	ation of issued sl	iares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not eq</u>	intained in the <u>a</u>	<u>mendment itself:</u>		
					
					

 $(x_1,\dots,x_{n-1})_{n\geq 0}$

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file dat	?)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the ar- by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 04/07/202/ Signature Lourden Cocher.	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	oner coart
Lourdes Cochez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	