## P1900003687





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2019 JAH 31 AM II: 40 SECRETARY AF PATE

6 Millie

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TON:	TUCCO INC				
DOCUMENT NUMBER	:P190	P19000003687				
The enclosed Articles of A	mendment and fee are su	abmitted for filing.				
Please return all correspon	dence concerning this ma	itter to the following:				
		MARIUSKA BRI	TO			
	son					
	BRITO	TAX AND ACCOUNTI	NG CORP			
<del></del>						
		8217 SW 147TH C	T.			
	Address					
	MIAMI FL 33193					
	City/ State and Zip Code					
	BRITOTAN	CORP@GMAIL.COM				
<del></del>	E-mail address: (to be u	sed for future annual rep-	ort notification)			
For further information co	ncerning this matter, plea SKA BRITO	786	3547694			
Name of Contact Person		at (Area	) Code & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida D	epartment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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 Amendment Section		Street Address Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassae El 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

2019 JAH 31 AM 11: 40

	<b>771</b>	Carrier -
	CMGSTUCCO INC	TAIL TOWN A STATE
(Name of Corpo	ration as currently filed with	the Florida Dept. of State)
	P19000003687	
(De	ocument Number of Corporatio	on (if known)
ursuant to the provisions of section 607,1006. Flor s Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amendment
. If amending name, enter the new name of th	e corporation:	
CMG STUCCO INC		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	orp." "Inc," or "Co". A pro	my," or "incorporated" or the abbreviation
Enter new principal office address, if application	uhlar	NOT APPLICABLE
Principal office address <u>MUST BE A STREET</u> A		
. Enter new mailing address, if applicable:		NOT APPLICABLE
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or reg		ida, enter the name of the
new registered agent and/or the new registe		
Name of New Registered Agent	NOT APPLICABLE	
	(Florida street address)	
New Registered Office Address:	(Florida street address)	Florida

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 Doc 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NOT APPLICABLE	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
Kemore			<del></del>
5) Change			
Add			
Remove		,	
6) Change			
		· · · · · · · · · · · · · · · · · · ·	
Add			<del></del>
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cies, enter change(s) nere:  (Be specific)
NOT APPLICABLE	
	<del></del>
	····
<del></del> , -	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file da	
(no more than 90 days after amendment file da	ie)
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.	ints, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder
Dated01/29/19	
Signature Confor Gont	
(By a director, president or other officer – it directors or officers hav selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	e not been other court
CARLOS GONZALEZ HERRERA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	