P190000 16639

(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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SECONDAINNE SEE SEATE

AUG 05 2019

C Kinsey



July 22, 2019

OSCAR CARLOS GONZALEZ NAVARRO 6170 NW 173 ST APT 432 MIAMI, FL 33015

SUBJECT: CVFRAF CORP Ref. Number: P19000016639

We have received your document for CVFRAF CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 719A00012666

COVER LETTER

TO: Amendment Section Division of Corporations

NAME DECORPORATION: CUFR	AF CORD				
NAME OF CORPORATION: CUFRAF CORD DOCUMENT NUMBER: F190000 16639					
The enclosed Articles of Amendment and fee are su					
	3				
Please return all correspondence concerning this ma	~				
OSCAR Con	les Gonzale	e Wovarne			
	 Name of Contact Person 	~			
EUFR	AF CORP				
		+ 422			
6170 nm	Address A	pt 432			
at not	Address スコンレ				
we travel it	L 33015 City/State and Zip Code	 			
	. 5 & Y. In Groon es				
CHIGH addition. (10 de de	aco for fotore annual report r	iotrication)			
For further information concerning this matter, pleas	e call:				
Oscar Conlos Genzales WALD	vn all 766	, 681 323	3		
Oscar Carlos Ganzin let Wavarra at (+46) 681 3233 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:					
5	· ·	_			
\$35 Filling Fee \$\Bullet\$\$43.75 Filling Fee \$\Certificate of Status	□\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status	2019 JUL		
	(Additional copy is	Certified Copy			
	enclosed)	(Additional Copy is enclosed)	<u>-</u>		
Marillon Addison	-	,	-		
Mailing Address Amendment Section	Street A Amendr	<u>Address</u> nent Section	P		
Division of Corporations	Division	of Corporations	2:0		
P.O. Box 6327 Clifton Building VER. Control State of Cont					
		see, FL 32301			

RECEIVED

Articles of Amendment

to Articles of Incorporation

Articles of	of
CUFRAF CO	of DP
	ently filed with the Florida Dept. of State)
P19000	00 16 639
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the on "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6170 NW 17357 Apt 432
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZO19 AUG - 2
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr Name of New Registered Agent	11.
the second secon	
(Florida	e street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New	w 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 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.

<u>X</u> Change	PI	John Doe			
X Remove	Ā	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name Osca n	Carlos	Gonzala	Address Valarro
1) <u>X</u> Change	 				
Add					
Remove					
2) Change					-
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					Me
Remove					

 If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific) 	<u>ere</u> :			
Rectificar Mi Nomb	re yo	9 ce 5	nle 501	0
Rectificar Mi Nomb Oscar Gonzalez y det	se Sa	Oscar	Corlo	6 on zale
		Nava	rro	
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 If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contained 				
(if not applicable, indicate N/A)				
				
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	· · ·			

N. ...

The date of each amendment(s) adoption:	7	ಚ	19	, if other than th
date this document was signed.				
Effective date if applicable:				
(no	more than 90	days at	ter amendment file o	late)
Note: If the date inserted in this block does not me document's effective date on the Department of State		able stat	utory filing requirer	nents, this date will not be listed as th
Adoption of Amendment(s) (CHECK	ONE)			
The amendment(s) was/were adopted by the shareled by the shareholders was/were sufficient for approximations.	nolders. The val.	number	of votes cast for the	amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group				
"The number of votes cast for the amendmen	it(s) was ∕wer €	e sufficie	ent for approval	
by				
by(voting g	roup)			
☐ The amendment(s) was/were adopted by the board action was not required.	of directors v	without s	shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators with	out share	eholder action and sh	areholder
Dated 7 2 5 1 6	<u>``</u>			
Signature				
(By a director, president	or other office	er – if di	rectors or officers ha	ave not been
selected, by an incorpora		hands o	f a receiver, trustee,	or other court
appointed fiduciary by the	at fiduciary)	1		A 1-
() 5 ca.	2 (10 m	つしいろ	GUNIR	la Novarra
			person signing)	
		Þ	reeton	~
	(Title o	f person	signing)	