10/6/22, 9:33 AM

Division of Corporations



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From:

Account Name : ALEX PINA CO. Account Number : I20190000095 Phone : (305)803-8471 Fax Number : (305)602-3977

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

client@alexpina.co Email Address:\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN FAMILIAS LAS FUENTES CORP

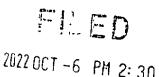
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Help A. BUTLER OCT -7 2022

## Articles of Amendment to Articles of Incorporation of



FAMILIAS LAS FUENTES CORP	5 TOTAL 15
(Name of Corporation as currently	filed with the Florida Dept; of State)
P19000064997	70-27 FT
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F_0$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The acw
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
tFlorida stree	t address)
New Registered Office Address:	, Florida
(C	'iry) (Zip Code)
New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	V E C

To: Page: 4 of 6 2022-10-06 13:38:20 GMT 13056023977 From: Alex Pina

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)

\_\_\_ Remove

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 <u> 14</u> John Doc X Remove $\underline{\mathsf{V}}$ Mike Jones X Add SVSally Smith Type of Action Title <u>Addres</u>s Name (Check One) FABIANA C ANEZ LEONARDI 7910 NW 25TH ST STE 100 1) \_\_\_\_ Change \_\_\_ Add DORAE, FL 33122 Remove ANA M GONZALEZ OSORIO 7910 NW 25TH ST STE 100 2) \_\_\_\_ Change Add DORAL, FL 33122 Remove JOHANNA ANEZ DE GONZALEZ 3) $\overline{X}$ Change 7910 NW 25TH ST STE 100 \_\_\_ Add DORAL, FL 33122 \_\_\_\_ Remove RUTH M BETHENCOURT 7910 NW 25TH ST STE 100 4) \_\_\_\_ Change Add DORAL, FL 33122 Remove 5) \_\_\_\_ Change \_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_ Add

To:

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)
-Remove, FABIANA C ANEZ LEONARDI - PRESIDENT
-Add, ANA M GONZALEZ OSORIO - PRESIDENT
-Change, JOHANNA ANEZ DE GONZALEZ - VICEPRESIDENT
-Add, RUTH M BETHENCOURT - DIRECTOR
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)  N/A

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes east for the amer afficient for approval.	idment(s)
	proved by the shareholders through voting groups. The following 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)	
October 4t	n 2022	
Dated		
Signature	Formula of	
(By a d selecte	irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or off ted fiduciary by that fiduciary)	
	FABIANA C ANEZ LEONARDI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>