## N5CCCC29

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

UN NUEVO COMI NAME OF CORPORATION:	ENZO FDV AG INC		
N15000009229 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
JINETTE CRUZ			
1107.12	(Name of Contact Po	erson)	
UN NUEVO COMIENZO FDV AG INC			
<del>,.</del>	(Firm/ Company		
2419 10TH AVENUE N			
	(Address)		
LAKE WORTH, FL 33461			
	(City/ State and Zip	Code)	
unnuevocomienzofdv@yahoo.com			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
JINETTE CRUZ	at	561	2526219
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of :	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is ssed)
Mailing Address  Amendment Section  Division of Corporations	An	reet Address nendment Secti vision of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

UN	NUE	VO C	OMIENZ	O FD	Λ,	AG INC	•
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(Name of Corporation	as currently filed	with the Florida Dept. of State)	
N15000009229		<del>=</del> - ·	
(Docur	nent Number of Co	poration (if known)	<del></del>
Pursuant to the provisions of section 617,1006, Flo nmendment(s) to its Articles of Incorporation:	rida Statutes, this $F$	lorida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the	corporation:		
			_ The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		"incorporated" or the abbreviation "C	orp, " or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<u> </u>	
rrincipai ajjice adaress <u>sryst be A STREET A</u>	<i>DDRESS</i> )		
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE)  D. If amending the registered agent and/or registered agent and/or the new registered	tered office addre	ss in Florida, enter the name of the	ZOIR JUN 20 PR 2: 95 SECRETARY DE STATE SECRETARY DE STATE ANASSEEL FLORIDA
Name of New Registered Agent:	JINETTE CRUZ		
	2419 10TH AVEN	IUE N	
<u>New Registered Office Address</u> :		(Florida street address)	
	LAKE WORTH	, Florida <sup>3</sup>	3461
	(C'hy)	(Zip Co	de)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	t. Lam familiar wi	th and accept the obligations of the pos of New Registered Agent, if changing	sition.

## 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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doc te Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
T) X Change	Р	JUAN CARLOS CALDERÓN	1886 ABBEY RD
Add			APT 1116
Remove			WEST PALM BEACH, FL 33415
2) X Change	<u>o</u>	NEFTALI FLORES	213 PINE HOV CIRCLE
Add			UNIT C1
Remove			GREENACRES, FL 33463
$\frac{\overline{X}}{X}$ Change	0	DANIEL SANTIAGO	673 54TH STREET
Add			APT A
Remove			WEST PALM BEACH, FL 33407
4) X Change	0	CRISANIA PEREZ	6995 ALISO AVENUE
Add			WEST PALM BEACH, FL 33413
Remove			
5) X Change	0	GENEVIEVE TIRADO	3024 LUCERNE PARK DRIVE
Add			BLDG 54
Remove			GREENACRES, FL 33467
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary).—(Be specific)	
(and conditional success, if necessary). The specifics	
<del></del>	

•	6/15/2018	
The date of each amendment(s) add		, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will nurtiment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 6 15/2018	-a-1	
Signature	- Delin	
(By the chairn have not beer	nan or vice chairman of the hoard, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
JINETTE	CRUZ	
	(Typed or printed name of person signing)	
SECRETA	ARY	
	(Title of person signing)	