(Requestor's Name)	
(Address)	
(Address)	8
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: REPRODUCCION ANIMAL E INS	EMINACION AI	RTIFICIAL, C.A., CORP.
	Name of Corp	oration
DOCUMENT NUMBER: F21000001945		
The enclosed Affidavit by Foreign Corpore submitted for filing.	ition to Chang	re/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning	g this matter to	the following:
CARLOS E. BURGOS G.		
Name of Contact Person		_
BURGOS LAW GROUP		
Firm/Company	<del></del>	_
150 S PINE ISLAND RD, SUITE 300		
Address		<del></del>
PLANTATION, FL 33324		
City/State and Zip Code	<u></u>	_
CBURGOS@BURGOSLAWGROUP.COM		
E-mail address: (to be used for future annu	al report notific	ation)
For further information concerning this mat	ter, please call	:
CARLOS BURGOS	954	6554449
Name of Contact Person	Area Code	6554449 ) & Daytime Telephone Number
Enclosed is a check made payable to the Flo	rida Departme	ent of State for the following amount:
■\$35.00 Filing Fee ☐ \$43.75 Filing Fee & Cettificate of Status	S43.75 F Certifie (Additio	illing Fee & D \$52.50 Filing Fee.  d Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2021

CARLOS E BURGOS G 150 S PINE ISLAND RD STE 300 PLANTATION, FL 33324

SUBJECT: REPRODUCCION ANIMAL E INSEMINACION ARTIFICIAL, C.A.,

CORP.

Ref. Number: F21000001945

We have received your document for REPRODUCCION ANIMAL E INSEMINACION ARTIFICIAL, C.A., 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):

The form you have submitted no longer meets the filing requirements for a foreign qualified for profit corporation to change officers/directors. Please see the enclosed articles of amendment.

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.

Rebekah White Regulatory Specialist II Supervisor

> . . ..

Letter Number: 121A00017985

### COVER LETTER

	Nam	e of Corporation	
DOCUMENT NU	JMBER: F21000001945		<del></del> -
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all c	orrespondence concerning this ma	itter to the following:	
CARLOS E. BUR	GOS G.		
<del></del>	Name of Contact Person		
BURGOS LAW (	GROUP		
	Firm/Company	<u> </u>	
8200 NW 41ST S	TREET. SUITE 200		
	Address	<del></del>	
DORAL, FLORIE	DA 33166		
	City/State and Zip Code	· <del></del>	
CBURGOS@BUI	RGOSLAWGROUP.COM		
E-mail addre	ess: (to be used for future annual r	eport notification)	
	ation concerning this matter, plea	se call:	
CARLOS BURGO	OS	954 6554449 at ()	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Amendment Section Division of Corporations P.O. Box 6327

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

#### PROFIT CORPORATION

# APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

(Document number of corporation (in REPRODUCCION ANIMAL E INSEMINACION ARTIFICIAL, C.A., CORP.	f known)
REPRODUCCION ANIMAL E INSEMINACION ARTIFICIAL, C.A., CORP.	
(Name of corporation as it appears on the records of	
VENEZUELA 3. 03/22/20	
(Incorporated under laws of) (E	Date authorized to do business in Florida)
SECTION II (4-7 COMPLETE ONLY THE APPLICAB	BLE CHANGES)
f the amendment changes the name of the corporation, when was the change effectincorporation? N/A	eted under the laws of its jurisdiction of
N/A	
(Name of corporation after the amendment, adding suffix "corporation," "companion contained in new name of the corporation)	y," or "incorporated," or appropriate abbreviatio
If new name is unavailable in Florida, enter alternate corporate name adopted for t	
If the amendment changes the period of duration, indicate new period of durat	tion.
N/A	
(New duration)	-
If the amendment changes the jurisdiction of incorporation, indicate new juris N/A	diction.
(New jurisdiction)	<del></del>
f amending the registered agent and/or registered office address in Florida, e new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent N/A	
N/A	
(Florida street address)	
New Registered Office Address: N/A	, Florida N/A
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
D	NATHALIE C CATILINO	8640 NW 38TH STREET, APT 184	□Add
		SUNRISE, FL 33351	
D	ANTONIO JOSE CATILINO	URB IRAMA. CALLE E AV 8 #10-88	
		MARACAIBO, ZULIA, VENEZUELA	Remove
	74.		\Add
			Remove
			Remove
<del></del>			□Add
			Remove
<ol> <li>Attached is a of the applicat under the law</li> </ol>	certificate or document of similar import, e tion to the Department of State, by the Secret s of which it is incorporated.	evidencing the amendment, authenticated not tary of State or other official having custody of	more than 90 days prior to deliver f corporate records in the jurisdiction
	Antoni	o J. Catilino	
	(Signature of a direc	tor president or other officer - if in the hands ourt appointed fiduciary, by that fiduciary)	s of
	NTONIO JOSE CATILINO	DIRECTOR	
	(Typed or printed name of person signing)	(Title of perso	on signing)

FILING FEE \$35.00