F54853

(Fe	lequestor's Name)	
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(C	Sity/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: TONY CORPORATION DOCUMENT NUMBERI F54853 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LILLIAN CARABALLO Name of Contact Person TONY CORPORATION Firm/ Company 1270 SW 8TH STREET Address MIAMI, FL 33135 City/ State and Zip Code lillian322@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 216-6003

Area Code & Daytime Telephone Number ANTONIO E GOMEZ CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	incorporation of	
TONY CORPORATION		
(Name of Corporation as curre	ntly filed with the Flor	ida Dept. of State)
F54853		
(Document Number	r of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	nis <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.,	A professional corpor	porated" or the abbreviation "Corp" ration name must contain the word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enjer new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office agent new registered agent and/or the new registered office address. N/A		the name of the
Name of New Registered Agent		
(Florida	street address)	
		. Florida
New Registered Office Address:		

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Example:

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.

X Change	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>5V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
i) Change	D	ANTONIO V CARABALLO	3622 SW 13TH TERRACE
X Add			MIAMI, FL 33145
Remove	MGR	ANTONIO V CARABALLO	3622 SW 13TH TERRACE
2) Change X Add			MIAMI, FL 33145
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

ttach udditiona.	l sheets, if necessary).	(Be specific)			
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an amendmen	t provides for an exch	ange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for in	mplementing the ame	ndment if not co	ntained in the am	endment itself:	
(іј погарри	zapie, inaicale N/A)				
		<i>-</i>			
		_			
					

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	N/A, if other than
The date of each amendment(s) ado date this document was signed.	otion:, it other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were appro must be separately provided for ea	wed by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	n '
,	(voting group)
Dated	29 2021
Signature	last Carafallo
selected,	ctor, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
ı.	ILLIAN CARABALLO
-	(Typed or printed name of person signing)
8	E CRE TAR Y
-	(Title of person signing)