

F97 0000006423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 MAR 16 PM 2:21

STATE OF ALABAMA
COURT REPORTER

Amend

MAR 17 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Amoro International Inc
Name of Corporation

DOCUMENT NUMBER: E 97 00000 6423

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Olsthoorn
Name of Contact Person

Amoro International
Firm/Company

399 NE 23rd Street
Address

Boca Raton, FL 33431
City/State and Zip Code

bolsth oorna@amoro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Olsthoorn at (561) 395 866-6521
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee
(pre-paid)

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

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

2020 MAR 16 AM 11:27

March 5, 2020

BARBARA OLSTOORN
399 NE 23RD STREET
BOCA RATON, FL 33431

SUBJECT: AMORO INTERNATIONAL INC.
Ref. Number: F97000006423

We have received your document for AMORO INTERNATIONAL INC. 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00004861

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)

F97000006423

(Document number of corporation (if known))

1. Amoro International Inc
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. Dec 1997
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

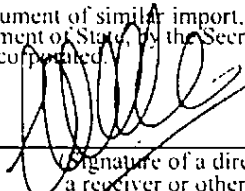
Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary Officer	<u>Lynn Turnquist</u>	<u>c/o MASCO Chancery Ct</u> <u>P.O. Box F-42544</u> <u>Freeport 00000 BS</u>	<input checked="" type="checkbox"/> Add (already listed) <input type="checkbox"/> Remove
Director	<u>Stephen G. Crane</u>	<u>Freeport F-40349</u> <u>Freeport 00000 BS</u>	<input checked="" type="checkbox"/> Add (already listed) <input type="checkbox"/> Remove
Director	<u>Lynn Turnquist</u>	<u>c/o MASCO Chancery Ct.</u> <u>Freeport 00000 BS</u>	<input checked="" type="checkbox"/> Add (already listed as Secretary) <input type="checkbox"/> Remove
Director	<u>Barbara J Olsthoorn</u>	<u>399 NE 23rd ST</u> <u>Boca Raton, FL</u> <u>33431</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stephen Crane

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00