

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Co	porations	•	HAY.
	Fax Number	: (850)617-6380		
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	Account Number Account Number Phone	: LAZARUS CORPORATE FILING SERVICE, IN : I200000000019 : (305)552-5973	C	PH I
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COR AMND/RESTATE/CORRECT OR O/D RESIGN OTICENTRO, INC.

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Corporate Filing Menu

Help

C. GOLDEN

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Articles of Amendment to Articles of Incorporation of

(Name o	of Corporation as current	v filed with the Plant	la Dent of Star	
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G16231				<u> </u>
•	(Document Number of	Corporation (it knows	n)	
rsuant to the provisions of section 607.	1006. Florida Statutes, this	Florida ProGl Coman	antam ad ak	A. 11
Articles of Incorporation:	in a series of the series of t	· ·	anon adopts the	tollowing amendings
Ye				
If amending name, enter the new na	me of the corporation:	•		
		• •		~ 1
me must be distinguishable and cont	ain the word "corporation	1." "company," or "	incorporated"	or the abbreviation
orp., me., or co., or me design	aron Corp. Inc. or i	(O` Anmietrional -	corporation nat	ne must contain the
rd "chartered," "professional associa	ion," or the abbreviation ".	P.A."		
Enter new principal office address,	if annlicable			
rincipal office address MUST BE A ST	REET ADDRESS)		· · · · · · · · ·	
				\
Enter new mailing address, if applie	rable:			
(Mailing address MAY BE A POST (DFFICE BOX)	3700 NW 62nd Av	c, # <u>1</u> 08	
•		Winninia Candona I	TT 22166	.,
		Virginia Gardens, I	rt 33166	.
	•		•	
Home 2 4 and 1		<u> </u>		
If amending the registered agent and new registered agent and/or the new	l/or registered office address	ess in Florida, enter t	he name of the	
	•	,		
Name of New Registered Agent	Z C R SERVICES, INC	<u> </u>		
	SOU BO DIVIE MOUN	VIV CITTE 200		
•	500 SO. DIXIE HIQHV (Florida stre			
New Registered Office Address:	CORAL GABLES		, Florida_	33146
	((City)		(Zip Code)
•				•
			•	
•		·		
w Registered Agent's Signature, if th	anging Registered Agent:	·		
<u>w Replatered Agent's Signature, if ch</u> ereby accept the appointment as registe	anoing Registered Agent: red agent. I am familiar w	yh and accept the oblig	gations of the p	osition,
w Registered Agent's Signature, if the appointment as registe	anging Registered Agent: red agent. I am familiar w	lih and accept the obliq	gations of the p	osition,
w Registered Agent's Signature, if the eraby accept the appointment as registe	anging Registered Agent: red agent. I am familiar w	ijh and accept the obliq	gations of the p	osition.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed address of each Officer and/or Director being address.	الكه لا	.
address of each Officer and/or Director being added:	z zou me, n	ame, and

(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 mamner. 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	PT John J	<u>200e</u>	
X Remove	<u>V</u> <u>Mike</u>	lones	
X Add	SV Salty	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change	P, <u>VP, T, S,</u> D	MARTA E MEDINA	·
Add		·	
X Remove			
2) Change	P, T, D	ZULAY LYNCH	3700 NW 62nd Ave, # 108
X Add			Virginia Gardens, FL 33166
Remove			
3) Change	VP, S	DOUGLAS DOMINGO PEREZ SILVA	3700 NW 62nd Ave, # 108
X Add		•	Virginia Gardens, FL 33166
Remove		·	
4) Change			
Add			
Remove			
. 5) Change			
Add		•	
Remove			
δ) Change			
Add			
Remove			

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Attach additional sheets, if necessary). (Be specific)			
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an amendment provides for an exchange, reclassification, or cancella	tion of boned she		
	endment itself:	11234	
<u>'V')</u> N'VH PROFESTIONE LICERTINA THE MINDRICH THE BOT TO MAKE PARTAGENTAL (S. 1865, 2566,			
rovisions for implementing the amendment if not contained in the am (if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) a date this document was signed.		, if other than th
Effective date if applicable:	<u></u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group emitted to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Deted MAY 7,	2019	
Signature	Julia.	
sciected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	-
_	ZULAY LYNCH	·
;	(Typed or printed name of person signing)	
_	PERSONAL REPRESENTATIVE, ESTATE OF DOMINGO A PEREZ RANG	GFI.
	(Title of person signing)	