L 173 Parkle Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000007988 3)))



H170000079883A8C7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name

TORRES & VADILLO, LLP

Account Number Phone 120150000038 : (305)465-9700

Pax Number

: (305)436-0191

Enter the email address for this business entity to be used for future annual report mailings. Enter only one Gmail address please.

MALL Address: Corporationsaisviawys.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN CHANTY, INC.

the protection of the protection of the protection of the property of the protection of the property of			
Certificate of Status	0		
Curified Copy	0		
Page Count	0.5		
Estimated Charge	\$35.00		

Electronic Flling Menu

Corporate Filing Menu

Help

TI JAN 10 AM 7: 37
DEFINITION OF CHEREALISM

JAN 1 1 2017

C LEWIS

HIT OCCOCALS 88 3

Articles of Amendment to Articles of Incorporation

2017 JAN 10 AM 10: 51

CHANTY, INC.	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
L17320	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address Name of New Registered Agent	
(Fiorida str	reet 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	<u>:</u> with and accept the obligations of the position.
N A Signature of New Y	Registered Agent, if changing

Page 1 of 4

H17000007913 3

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.

X Change	PT	<u>John Doe</u>			
X Remove	Y	Mike Jones			
_X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	S	ROSMERY DURAN	891 W 29 STREET		
Add			HIALEAH, FL 33012		
X Remove					
2)Change			<u> </u>		
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add Remove					
			· ··		
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

Page 2 of 4

H17000007938

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
NIA	
1-1	
	
	1
	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<u> </u>	
•	

Page 3 of 4

H17000007978

en an e	12/12/2016	SLORETARY	LU Of STATE https://www.sifotherthanthe
The date of each amendment(s) date this document was signed.	adoption;	nedicion de cr	in other than the
Effective date if applicable:		2017 JAN 10	AM 10: 5 I
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable Department of State's records.	e statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The nur sufficient for approval.	mber of votes cast for the amenda	nent(s)
	pproved by the shareholders through or each voting group entitled to vote		
"The number of votes ca	st for the amendment(s) was/were su	fficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors with	hout shareholder action and share	holder
The amendment(s) was/were a action was not required.	dopted by the incorporators without	shareholder action and sharehold	er
12/12/20 Dated			
Dated	*	_	
Signature			
selec	director, president or other officer- sted, by an incorporator — if in the ha sinted fiduciary by that fiduciary)		
	JULIO TORRECILLA		
	(Typed or printed name	e of person signing)	
	PRESIDENT		
	(Title of p	erson signing)	

Page 4 of 4