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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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I SCHROEDER

## COVER LETTER . . . . . .

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion: <u>Golder</u>	Cape of F	Florida	
DOCUMENT NUMBER	1: <u>Mb2(</u>	079		
The enclosed Articles of a	Amendment and fee are su	bmitted for filing.		
Please return all correspo	idence concerning this ma	tter to the following:		
	J1	JAN D. 06P Name of Contact Person DICEN CAPE C Firm/ Company		
2 Grove 161e Dr. Apt. 701 Address				
_	Mi	OMI F1 331 City/ State and Zip Cod	<u>გ</u> გ	
	E-mail address: (to be us	NOGS 737 EQ1 sed for future annual report	Mail COM notification)	
For further information ec	oncerning this matter, pleas	se call:		
Paulina 50	Fia Ospina Contact Person	1. at ( 305 Area Co	) <u>505-7825</u> de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State	<u>:</u> )
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this $F$ its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "I	"o". A professional corporation nan	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19 SEA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG 30 I
		M 5 52
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent Paulina Soft	ia Ospina Heilige	15
_ 2 Grove In (Florida stre	SIE Dr. APT. TOI	
New Registered Office Address: Miax	City) , Florida	33133 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the p	osition.

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.

Example: $\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Patricia Lynn Parez	250 Cocopium Rd.
Add			Coral Galdes, F.1.33143
<u>X</u> Remove			
2) Change	<del></del>		
Add			<del></del>
Remove			19 AUG
3 ) Change			<u> </u>
Add			
Remove			
4) Change			5.2 
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

f amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
	<del> </del>
	-
	_
<u> </u>	
	<del> </del>
	_
	19 181 181
	AUG 30 AHASSE
	<u> </u>
	S.S. 1
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	7
(if not applicable, indicate N/A)	7-4 / A
	1 5: <b>9</b> 2
	34 N
	<u> </u>

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voing group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	3£.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	FIL AUG 30
Dated 22/08/19	S Marsin
Signature / Non Poly Chim =	· 57 27
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JUAN DICGO OSPINA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	

(Title of person signing)