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(Business Entity Name)  (Document Number)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PARAISO'S	Kids INC.
DOCUMENT NUMBER: <u>N 14000010070</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sulian R Name of Contact I	MATOS
PARAISO'S KID (Firm/Compar	SINC.
(гини Сотраг	- -
100/SW 128 TE	ER - B106
,	
PEMBROKE TIN	ES, FL 33027
(City/ State and Zip	o Code)
E-mail address: (to be used for future annual re	O. COM
For further information concerning this matter, please call:	port normeadon)
Sulean R Mates  (Name of Contact Person)  al	1786 274 DH87
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee Certificate of Status ☐ \$4ditional copy (Additional copy enclosed)	Certificate of Status
Mailing Address St	reet Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation of

Warrens YARAIS	OSKIDS INE	
(Name of Corporation as currently filed with the	Florida Dept. of State)	<del></del>
	4000010070	
(Docum	nent Number of Corporation (if known)	
	ida Statutes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole:	
		207
		70:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX</u> )	· · · · · · · · · · · · · · · · · ·
		70
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the name of the	M
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_	, Florida	
	(City) (Zip Ci	
cw Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the po	sition.
	•	
	Signature of New Registered Agent, if changing	<del></del>

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:  X Change X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) _X_ Change Add		Adelino CAMARA	200 w PARK Diwe #203 MIAMI; FL 33172
Remove 2) Change Add		Adelino CAMARA.	200 WPARK DR-HJU3 MIAMI, FL 33172
Remove 3 ) X Change Add Remove	<u>T</u>	Glorial Aguero	200 WPark Dr. #203 MIAMI, FL 33172
4) Change Add		CARLOS A. DIAZREYE	S1606 KENDAICK DA-B KISSIMMEE, FL34741
Remove 5) Change Add	<u>T</u>	OLIVIALAJARA	11532 NW4THWAY MIAMI, FL 33172
Remove  6) Change Add Remove	<u>S</u> _S_	Glorial AGUERO Milagros MATOS	200 W PARK DR. #203 MIAMI, FL 33172 10018W128TER. BIDG
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	PEMBROKEPINES FL, 33027

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The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:	. \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	78 200	7)	, if other than the
The date of each amendment(s) adoption:	0017 2	co noa		, it other than the
date this document was signed.	,			
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Effective date <u>if applicable</u> :		F8 200	<u> </u>	<del></del>
(no	o more than 90 days a	ifter amendment file a	iaie)	
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Note: If the date inserted in this block does n		e statutory filing requ	irements, this date will no	or be fisted as the
document's effective date on the Department	of State's records.			
	***************************************			
Adoption of Amendment(s) (C	CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated July 28 2020 Signature Date Date Date Date Date Date Date Dat	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SULIAN R MATOS (Typed or printed name of person signing)	
PMGR (Title of person signing)	