N18000008280

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Escuela de Bomba	y Plena Tata Cepeda, Inc.	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Barbara L Ortiz Sanchez		
-		Name of Contact Person	1
-		Firm/ Company	
-		Address	.
-	<u></u>	City/ State and Zip Code	e
•	edbyptc@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Barbara L Ortiz Sanche	ez.	at (407	9657567
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Escuela de Bomba y Plena Tata Cepeda

2010. | 14 77.10<u>: 15</u>

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N18000008280	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u></u>	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	np
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent	
(Florida s	areet address)
- \ -	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familiar	
2\2	
Signature of New	Registered Agent, if changing
Signature of ivew	wegisierea Agent, ij changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<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>	Address
1) Change	<u>s</u>	Enid Fernandez	2029 Valencia Circle
Add			Kissimmee, FL 34741
X Remove			
2) Change	<u>s</u>	Ana M. Morales Febo	528 Viceroy Ct
X Add			Kissimmee, Fl 34758
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	litional sheets, if necessary). (Be specific)	
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an amer	dment provides for an exchange, reclassification	or cancellation of iccord charac
provision	s for implementing the amendment if not contain	ned in the amendment itself:
(if not	t applicable, indicate N/A)	
	$n \mid \alpha$	

. .

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	22-2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	statement):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
Board of Directors	<i>:</i>	
	(voting group)	
selec	director, president or other officer – if directors or officers have not eted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)	
аррс	Barbara Liz Ortiz Sanchez	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

• • •