## N2000000 3660

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	HEAVENLY TRIB	UTE INC.		
DOCUMENT NUMBER;	N20000003660			
The enclosed Articles of An	iendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	ter to the following:		
Stephanie Castillo				
		(Name of Contact Pers	on)	
HEAVENLY TRIBUTE IN	C.			
		(Firm/ Company)		
962 N. Fairbairn Dr				
		(Address)		
Deltona FL 32725				
		(City/ State and Zip Co	ode)	, <u>-</u> 1.
StephanieLCastillo8@gmai	Lcom			
E	-mail address: (to be use	d for future annual repor	1 notification	1)
For further information cond	cerning this matter, please	e call:		
Stephanie Castillo		at	21	246-7037
	(Name of Contact Persor	()	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the I	ollowing amount made p	ayable to the Florida De	partment of	State:
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee leate of Status led Copy lional Copy is used)
Mailing A	Address	<u>Stree</u>	t 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

HEAVENLY TRIBUTE INC. (Name of Corporation as currently filed with the Florida Dept. of State) N20000003660 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add  Remove	1)	Clara Del Carmen Ricardo Calderon	962 N Fairbairn Dr Deltona, FL 32725
2) Change Add	D	Clara Calderon	962 N Fairbairn Dr Deltona, FL 32725
Remove 3 ) Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove 6)ChangeAdd			
(attach additional shee	ts, if nece	onal Articles, enter change(s) here: essary). (Be specific) on's name should be chagned to Clara Calderon.	

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The date of each amendment(s) adoption:	6/18/2020	, if other than the
date this document was signed.		, ii omer man me
e.		
Effective date if applicable:		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not b of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	6/18/2020
Signatur	· Aylanis Abstilo
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Stephanie Castillo
	(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were