N9700000 5989

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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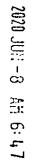
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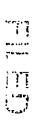


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JUN 22 2020 S. YOUNG





!O: Amendment Section Division of Corporations nevonaire Commerce Ctr OCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa · Golina gmail ?

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Albert M	leJa
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(Name of Contact Person)

inclosed is a check for the following amount made payable to the Florida Department of State:

\$\frac{1}{2}\$\$35 Filing Fee \Bigcup \$\frac{1}{2}\$\$43.75 Filing Fee & \Bigcup \$\frac{1}{2}\$\$43.75 Filing Fee & Certificate of Status \Bigcup 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

Street Address

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

Articles of Incorporation of

me of Corporation as currently filed with the Florida Dept. of State)
N 9700000 598 9
(Document Number of Corporation (if known)
suant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followendment(s) to its Articles of Incorporation:
If amending name, enter the new name of the corporation:
The range of the must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "
Enter new principal office address, if applicable: 12496 SW 128 ST
Incipal office address MUST BE A STREET ADDRESS Mignificant F 33 186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 134965W 12857
Miani F133186

If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
NIhock Metio
12496 SW 1245t
(Florida street address) New Registered Office Address:
M() () -7710
$\frac{ V \cap A }{(City)}$, Florida $\frac{S \cap A}{(Zip Code)}$
Registered Agent's Signature, if changing Registered Agent: weby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi
eny accept the appointment any egistered agent. I am jaminar with and accept the obligations of the position
Signature of New Registered Agent, if changing
2020 JUN

	director title by t President; T= 7) = Chief Financ	Treasurer; ial Officer	S= Secretary; D= Director; TI . If an officer/director holds me		ee; C = Chairman or Clerk; CEO = Choone title, list the first letter of each offic
	eaves the corpor	ation, Sall	y Smith is named the V and S,T		T and Mike Jones is listed as the V. Ther uld be noted as John Doe, PT as a Char
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith			
<u>'ype of Action</u> Check One)	Title	Name	<u>e</u>		<u>Addres</u> s
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	May	1200	10	
e date of each amendment(s) adoption: e this document was signed.	()	0 = 0 =		, if other tha
fective date <u>if applicable</u> :	May	2020	_	

Adoption of Amendment(s) (CHECK ONE)

Dated 18 June 3 2020
Signature
(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)
Alberto Mezia (Typed or printed name of person signing)
R.A, Sec, VP
(Title of person signing)