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COVER LETTER

COVER LETTER :	
TO: Amendment Section Division of Corporations NAME OF CORPORATION: FIXY A A HILLY AND A COXO	
NAME OF CORPORATION: FOY A HIAO OVAL CORP	
DOCUMENT NUMBER: POUDO COSTAL	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Straio A Harrington Name of Contact Person	
Florida Huto One Corp	
2374 NW 36th St	
Address City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sergio A Hernandez at (756) 442-4753 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

•	ot	
Florence Huter Or	nt. Covo	ida Dept. of State)
(Name of Corporat	tion as currently filed with the Flori	ida Dept. of State)
Pag	000008617	
(Docu	ment Number of Corporation (if know	<u> </u>
(15004)	ment ranioer or corporation (it know	ري چې
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corpor	ration adopts the following amendment
A. If amending name, enter the new name of the c	corporation:	
		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	." or "Co". A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
	1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		(Parist and Arthur and Arthur
I hereby accept the appointment as registered agent.	i am jaminar with and accept the or	ougations of the position.
Sign	nature of New Registered Agent, if cha	anging
8-		

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.

Example: X Change	<u>PT</u>	John Do	<u>se</u>					
X Remove	<u>V</u>	Mike Jo	<u>ones</u>					
<u>X</u> Add	<u>sv</u>	Sally Si	<u>nith</u>					
Type of Action (Check One)	Title		Name		1	<u>Addres</u> s		
1) Change	1.7	2	Ana M	Hernar	2-2	2374	NH36	<u>tr</u> St
					_	Micon	a,FL3	7 PKE
Remove					_			
2) Change		_		·				
Add							_	
Remove 3) Change		_						<u> </u>
Add					_			
Remove								
4) Change		_						
Add					_			
Remove					_			
5) Change						<u> </u>		
Add					_	<u>.</u> .		
Remove						 .		
6) Change		_						
Add					_			
Remove								

Attach additional sheets.	if necessary).	icles, enter cha (Be specific)				
						
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						-
- ·-·						
f an amendment provid	les for an evel	nanga raclassif	ication or cance	allation of issued	charac	
provisions for impleme	nting the ame	endment if not	contained in the	amendment itsel	<u>snaves,</u> lf:	
(if not applicable, in	dicate N/A)					
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The date of each amendment(s) ac	loption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fue date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame fficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated_()\	7 7070	
Signature) <u> </u>	
	rector, president or other officer – if directors or officers have n I, by an incorporator – if in the hands of a receiver, trustee, or or	
	ed fiduciary by that fiduciary)	
	(Typed of printed name of person signing)	7
	President	
	(Title of person signing)	