7.0000047663

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Cit | ty/State/Zip/Phone | ə #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | - |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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ALLAHASSEE. FLORIDI



COVER LETTER

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ARGENTARA FIVE INC. Y0000047663 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) For further information concerning this matter, please call: at (305) 975-086 Enclosed is a check for the following amount: ■\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, LOURDES DONNE hereby resign as SECRET | ZR | X |
|--|----------|----------------------------------|
| of ACGENTACA PNE INC (Name of Corporation) | | , |
| (Document Number, if known) (Document Number, if known) | State of | |
| TLORIUS. | OG NOV | कार्यकृति |
| Card on Della Mage | 0V 15 A | American American American |
| (Signature of resigning officer/director) | M 9: 19 | U |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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