

| (Requestor's Name) | | | | |
|---|-------------------------|--------|--|--|
| (/ | Address) | | | |
| | Address) | | | |
| | City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600303038576

TANG 30 ANIO: 14

CEP () 5 2017

. . . .

COVER LETTER

11

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

8

| NAME OF CORPORATI | ON:Resan | da Corporation | | |
|------------------------------|---|---|--|--|
| DOCUMENT NUMBER: | P00000 | 104118 | | |
| The enclosed Articles of An | nendment and fee are su | bmitted for filing. | | |
| Please return all correspond | ence concerning this ma | tter to the following: | | |
| | | Tulio Jose Acosta | | |
| | | Name of Contact Person | n | |
| | | Resanda Corporation | | |
| | | Firm/ Company | | |
| | 1751 SW 139th Avenuee | | | |
| | Address | | | |
| | | Davie FL 33325 | | |
| | , , | City/ State and Zip Cod | e | |
| | co | omercio.moneada@ieloud.c | rom | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information con- | cerning this matter, pleas | se call: | | |
| Tulio Jose Acosta | | at (* 57 <u>3</u> | , 185887578 | |
| Name of Cor | ntact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | artment of State: | |
| S35 Filing Fee [| □\$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Division o P.O. Box | ent Section of Corporations | Amenc Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle | |

Articles of Amendment Articles of Incorporation

FILED

17 AUG 30 AM 10: 14

Resanda Cornoration

| 32 | 単数で大 人間より | ÷.(| (} } | 当社争 |
|----|--------------|-----|-------|---------|
| 24 | £ 14.5 | | : ; | Chi. Ch |

| | Resalida Corporation |
|--|--|
| (Name of Corporation | on as currently filed with the Florida Dept. of State) |
| | P00000104118 |
| (Docum | nent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: |
| | The new |
| | d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u>X</u>) |
| | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. | istered Agent: I am familiar with and accept the obligations of the position. |
| | |
| | sture of New Paristayad Arent if shanning |
| Signa | iture 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.

| 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> | Name | <u>Addres</u> s |
| 1) Change | P | Olga Giraldo | 1751 SW 139th Avenue |
| Add | | | Davie FL 33325 |
| X Remove | | | |
| 2) Change | P | Tulio Jose Acosta | 1751 SW 139th Avenue |
| X Add | | | Davie FL 33325 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | - - |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| , | |
| | |
| | |
| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | and the contained the unique with the contained the contai |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | 08/23/17 | |
|--|---|--|
| The date of each amendment(s) acd this document was signed. | option: | , if other than th |
| Effective date if applicable: | | |
| | (no more than 90 days after amenda | nent file date) |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing partment of State's records. | requirements, this date will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes ca fficient for approval. | st for the amendment(s) |
| | roved by the shareholders through voting groups. each voting group entitled to vote separately on t | |
| | for the amendment(s) was/were sufficient for appr | oval |
| by | (voting group) | ·· |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder | action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder acti | on and shareholder |
| Dated | 08/23/17 | |
| Signature | who fresherta | |
| | rector, president or other officer – if directors or o | officers have not been |
| | t, by an incorporator – if in the hands of a receiver | r, trustee, or other court |
| appoint | ed fiduciary by that fiduciary) | |
| | Tulio Jose Acosta | |
| | (Typed or printed name of person sign | ing) |
| | President | |
| | (Title of person signing) | |