P01000105647

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FLORESACOLON	MBIA INC		
DOCUMENT NUME	P01000105647			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	FRANCISCO J BUSTOS			
		Name of Contact Person	1	
	FLORESACOLOMBIA INC			
		Firm/ Company		
	11330 N W 61ST STREET			
	Address			
	DORAL FL 33178			
		City/ State and Zip Cod	2	
	fbustos@daflores.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
FRANCISCO J BUST	os	305	546-9118	
Name of Contact Person		at (305) 546-9118 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	☐S43.75 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)	
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 Amendment to Articles of Incorporation of

FLORESACOLOMBIA,INC.			
	of Corporation as curren	tly filed with the Florida Dept.	of State)
P01000105647			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation add	pts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,	Corp, " "Inc, " or "Co".	A professional corporation nai	r the abbreviation "Corp.,"
3. Enter new principal office address,	if applicable:	11330 N. W. 61ST STREE	L 55
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	DORAL, FL 33178	
			16
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11330 N.W. 61ST STREET	PIA
		DORAL, FL 33178	
 If amending the registered agent an new registered agent and/or the ne 			of the
Name of New Registered Agent		_	
Zame of the meganice right	11330 N.W. 61ST STRE	ET	
		treet address)	
New Registered Office Address:	DORAL		Florida 33178
in ingline ou typic mantai.		(City)	(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of	of the position.
-	Cian Chr	B. Carlotte and C. Carlotte	
	Signature of New	Registered Agent, if changing	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	FRANCISCO J BUSTOS	11330 N.W. 61ST STREET
Add			DORAL, FL 33178
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	etaj nere.		
		_		
			· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancellati tained in the amo	on of issued share ndment itself:	:S.
				
		 -		
			<u>-</u>	

	NOVEMBER 9, 2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N Effective date <u>if applicable:</u>	OVEMBER 9, 2020	
<u></u>	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	imendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amenda	
	st for the amendment(s) was/were sufficient for approval	
bv	u .	
-	(voting group)	
NOVEM Dated	BER 9, 2020	
Signature	Received	
(By a selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, c inted fiduciary by that fiduciary)	
	FRANCISCO J BUSTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	