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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Animal Power Source, Inc.
DOCUMENT NUMBER: P02 0000 67020
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pedro Alejandro Valdes Rodriquez
Name of Contact Person
Animal Power Source, Inc.
Firm/ Company
19811 NW 67TH CT
Address
Hiakah, Flori da 33015 City/ State and Zip Code
•
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pedro A. Valdes Rodriguez at 305, 634-7258 Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Opy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Articles of Amendment

to

Articles of Incorporation of

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/	Vi.	Saurae	
1/1/	10111PC	VIIICAR	IN

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(Name of Corporation as currently	filed with the Florida Dept. of State)
P020000	570 <i>2.</i> 0
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19811 NW 67TH CT 37 Hialeah, FL 37015
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Pedro Ale	ejandro Valdes Rodriguez IW 67771 CT
19811 A	
(Florida stree	t address)
New Registered Office Address: +11a/s	Pah Florida 330/5 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	full
Signature of New Reg	istered Agent, if changing
Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)) FS
= 1 = managed with a sense the paradit to at the 1.0120 (11) (c	,, · · · · · ·

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> <u>John</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Alfredo Margolles	601 Kinoba Dr Kliami Springs
Add Remove 2) Change Add	P	Pedro A. Valdes	Florida 33166 19811 NW 67THCT Hiakah, FL 33015
Remove Change Add		Aurelio Trillo	18842 NW 65TH CT
Remove 4) Change Add			Hiakah, FL 330/
Remove Change Add			
Remove 6) Change Add			

(Attach additiona	adding additional Arti I sheets, if necessary).	(Be specific)	- <u>5-13/</u> -		
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			N/A		
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If an amendmen	t provides for an exch mplementing the amer	ange, reclassific	cation, or cancel	ation of issued sh	ares,
(if not appli	cable, indicate N/A)	rainent ii not Ci	ontained in the a	menument usen.	
					
		<u> </u>			
		1			
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153 - 3 4 C E	ention: 11 01 2020	, if other than the
The date of each amendment(s) ad date this document was signed.		ti odici dian dic
Effective date if applicable:	(no more than 90 days after amendment file of	late)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the fficient for approval.	e arnendment(s)
must be separately provided for	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	12/2020	
Signature	18 2020	****
Signature <u>·</u> By بالمرز selected	rector, president or other officer – if directors or officers h b, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary)	
Signature <u>·</u> By بالمرز selected	rector, president or other officer – if directors or officers h by an incorporator – if in the hands of a receiver, trustee	