

PO4000010359

(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:

VOID

Office Use Only



500437474145

10/18/24--01011--025 **25.00

24 OCT 19 PM 12:51
RECEIVED

THE FOLLOWING WAS FILED IN ERROR.

Articles of Amendment
to
Articles of Incorporation
of

TUCFREZ, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000010359

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

24 OCT 18 11:12:51
TUCFREZ, INC.

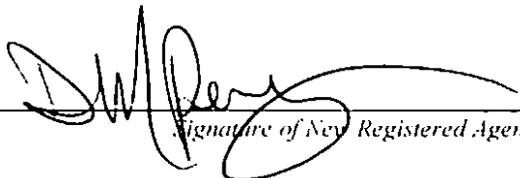
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent DOMIVILIS MARTE-PEREZ
2030 NATIONS WAY
(Florida street address)
New Registered Office Address: SAINT CLOUD, Florida 34769
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOMIVILLIS MARTE-PEREZ	2030 NATIONS WAY	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSTBELLIA MARTE	1415 8TH ST	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS MARTE	3275 AMBERLEY PARK CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Articles of Amendment
to
Articles of Incorporation
of

TUCFREZ, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000010359

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.,". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

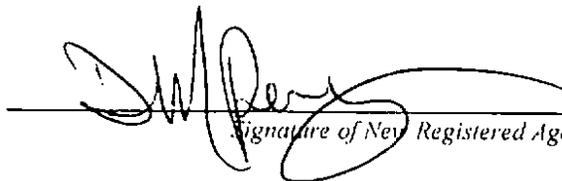
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent DOMIVILIS MARTE-PEREZ
2030 NATIONS WAY
(Florida street address)

New Registered Office Address: SAINT CLOUD, Florida 34769
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOMIVILLIS MARTE-PEREZ	2030 NATIONS WAY	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSTBELLIA MARTE	1415 8TH ST	<input checked="" type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS MARTE	3275 AMBERLEY PARK CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

