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SECRETARY OF STATE

APR 22 2019 T SCHROEDER

COVER LETTER

Division of Corporations	``
NAME OF CORPORATION: CAM DUZGE DOCUMENT NUMBER: PO4 00035	no tile's corp
The enclosed Articles of Amendment and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the follow	ving:
S207 S Addi	FL J2822 nd Zip Code
For further information concerning this matter, please call:	·
JUHNO CONDITION BLOOD BILL	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the F	·
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certifieate of Status Certified C (Additional enclosed)	ng Fee & S52.50 Filing Fee opy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fi. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Articles of Amendment 10 Articles of Incorporation

of		
Campuzeno tile'/ (OXP		
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
P 040000 35 843		
(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 <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
thuming university BE A FOST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	77	
new registered agent and/or the new registered office address:	ALL SE	19
Name of New Registered Agent	28	2
_	i A A S	20 7
(Florida street address)	(2) (2) (2) (3)	APR 15 AV
New Registered Office Address: , Florida	(T)	•
(City) (Zip Code)	- C	
	· 图2	ת מ פ
New Registered Agent's Signature, if changing Registered Agent:	3 V	9
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		

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	PT John Doe
X Remove	Y Mike Jones
X Add	<u>SV</u> <u>Sally Smith</u>
Type of Action (Check One)	<u>Title</u> Name <u>Address</u>
1) Change	I lidia hemardez \$\frac{1}{2} your Dimer Di
Add	0, len. 1 72322
Remove	
2) Change	UP Bryan Cumpurary 20107 shiner DY
Add	64164 16 3 C3 C3
Remove	
3)Change	
Add	APR LAHA
Remove	——————————————————————————————————————
4) Change	<u></u>
Add	OF SIA
Remove	——————————————————————————————————————
51 Change	· · · · · · · · · · · · · · · · · · ·
Add	
Remove	
6) Change	
Add	
Remove	

Page 2 of 4

E. If amending or adding additional Arti	cles, enter change(s) here:					
(Attach additional sheets, if necessary).	(Be specific)					
	··· <u>-</u>					
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If an amendment provides for an excha	ange, reclassification, or co	anceliation of issued	charac		AP) CRE LAH	
provisions for implementing the amen	dment if not contained in	the amendment itsel	<u> f:</u>			70
(if not applicable, indicate N/A)					SS A	
		<u>-</u> .				\Box
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					AM ION OF STA	
		·			S2 RID,	
					AM 10+ 52 COF STATE C. FLORIDA	
						
						

The state of each americany adoptions	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	n be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/11/2019	
Signature Add (17722	
(By a director, president or other officer – if directors or officers have not been	•
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Testing Campuzano	
(Typed or printed name of person signing)	

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Tiesiden f
(Title of person signing)