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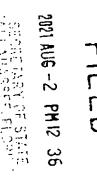
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FROILAN GIL M	OBILE PET SPA CORP	
DOCUMENT NUN	P05000072755		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	FROILAN GIL		
	·	Name of Contact Person	1
	FROILAN GIL MOBILE PE	T SPA CORP	
		Firm/ Company	
	1810 W 56TH ST APT 3402		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Cod	2
	CUBAN4U73@YAHOO.CC)M	
	· ·	sed for future annual report	notification)
For further informati FROILAN GIL	on concerning this matter, plea		222-1105
Namo	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	☐\$43,75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	niling Address nendment Section rision of Corporations D. Box 6327	Amend Divisie	Address ment Section n of Corporations entre of Tallahassee
	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

FROILAN GIL MOBILE PET SPA CORP

2021 AUG -2 PM 12 36

(Name of Corporation	on as currently filed with the Fl	lorida Dept. of State)- STATE
P05000072755		O STATSTATE
(Docun	nent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
JULIO GONZALEZ PET MOBILE SPA, CORP		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional cor	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u>)	
C. Enter new mailing address, if applicable:	****	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register	red office address in Florida, en	iter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
<u> </u>	***	
	(Florida street address)	
New Registered Office Address;		, Florida
New Registeria Office Planess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.
. , 11		, , , , , , , , , , , , , , , , , , ,
	A CONTRACTOR OF THE CONTRACTOR	· L form
Signa	iture 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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P	FROILAN GIL	1810 W 56TH ST APT 3402			
Add X Remove	_		HIALEAH, FL 33012			
2) Change	Р	JULIO A. GONZALEZ	1810 W 56TH ST APT 3402			
X Add			HIALEAH, FL 33012			
Remove Change						
Add						
Remove						
4) Change Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additi-	or adding additional onal sheets, if necessa	ıry). (Be specific)			
			·		
			•		
	<u> </u>				
-					
					
					
lf an amend <u>r</u>	nent provides for an	exchange, reclassi	fication, or cancell	ation of issued shar	es,
provisions fo	or implementing the	amendment if not	contained in the a	mendment itself:	
(if not a _l	oplicable, indicate N/.	4)			
			· -		
					

AUGUST 1, 2021 _____, if other than the The date of each amendment(s) adoption: _ date this document was signed. AUGUST 1, 2021 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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ≡ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval by _ (voting group) Signature (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) FROILAN GIL (Typed or printed name of person signing) PRESIDENT (Title of person signing)