

P05000140619

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(Business Entity Name)

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Amend

RECEIVED
2024 JUN 13 PM 3:18
TALLAHASSEE OFFICE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

A. RAMSEY
JUN 14 2024

FILED
2024 JUN 13 AM 10:00
TALLAHASSEE OFFICE
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$35.00

Authorization Signature: 

Business Name: GUSTAVO FUNES ENTERPRISES CORP.

Document # P05000140619

 Certified Copy

 Certificate of Status

NEW FILINGS

&

AMENDMENTS

 Profit Corp

 Not for Profit

 Limited Liability

 Domestication

 LLLP

 Corp

 Inc

 Other

 X Amendment

 Resignation / Dissociation

 Change of Registered Agent

 Revocation of Dissolution

 Merger

 Articles of Conversion

 Amended & Restated Articles of Incorporation

 Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

 Apostille(s)

 Country(s)

 Foreign Filing

 Reinstatement

 Qualification

 Fictitious Name

 Annual Report

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GUSTAVO FUNES ENTERPRISES CORP.

DOCUMENT NUMBER: P05000140619

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO FUNES
Name of Contact Person
GUSTAVO FUNES ENTERPRISES CORP.
Firm/ Company
1200 WEST AVE
Address
MIAMI, FL, 33139
City/ State and Zip Code
GUSTAVO.FUNES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO FUNES at (305) 527-6790
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

2024 JUN 13 AM 10:00

GUSTAVO FUNES ENTERPRISES, CORP.

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

P05000140619

(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 GUSTAVO FUNES

(Florida street address)

New Registered Office Address: 2001 BISCAYNE BLVD APT. 3607 Miami, Florida 33139
(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.

Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 06/12/2024, if other than the date this document was signed.

Effective date if applicable: 06/12/2024
(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 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 cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

06/12/2024
Dated _____

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)

GUSTAVO FUNES

(Typed or printed name of person signing)

President Director

(Title of person signing)