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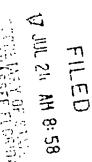


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S. TALLENT AUG 02 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: MENDIETA S	EASSOCIATE INC				
DOCUMENT NUMBER: _	P05000141549					
The enclosed Articles of Ame	ndment and fee are st	bmitted for filing.				
Please return all corresponder	ce concerning this ma	tter to the following:				
		CEFERINO ACEVEDO) JR			
		Name of Contact Person	1			
	ACVEVEDO & ASSOCIATE PA					
	Firm/ Company					
	1084 PLAZA DR					
	Address					
	KISSIMMEE FL 34743					
	··	City/ State and Zip Cod	c			
		lonymary@aol.com	,			
E-	mail address: (to be u	sed for future annual report	notification)			
For further information conce	rning this matter, plea	se call:				
CEFERINO ACEV	EDO JR	at (348-4159			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the fo	dowing amount made	payable to the Florida Depa	artment of State;			
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			
		Tallabassee, FL 32301				

Acticles of Amendment Articles of Incorporation

MENDIETA & ASSOCIATE,INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P05000141549

(Document Number of Cornomition (if known)

its Articles of Incorporation: A. If amending name, enter the new name of the corporation	n·		
THE MAN THE PARTY OF THE PARTY OF THE COMPONENTS			
	The new ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."		
B. Enter new principal office address, if applicable:	2644 MICHIGAN AVE. UNIT F		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL 34744		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2644 MICHIGAN AVE. UNIT F		
	KISSIMMEE FL 34744		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
Name of New Registered Agent MARII	BELL A PANTOJA		
2644 M	ICHIGAN AVE		
(Flor	da street addreys)		
New Registered Office Address: KISSI	MMEE 34744		
	(City) (Zip Code)		
	1		
New Registered Agent's Signature, if changing Registered & l hereby accept the appointment as registered agent. I am fam			
Mubalfontoja	San Ranistana Juan Tehanaina		

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, (f 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 hold. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doc 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: \underline{X} Change	PT	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	mes	
X Add	<u>\$V</u>	Sally St	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PSTD	_	MARIBELL A PANTOJA	2644 MICHIGAN AVE UNIT F
X Add				KISSIMMEE FL 34744
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add			,	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame	<u>ange, reclassificatio</u> ndment if not conta	on, or cancellation of is ined in the amendment	sued shares, itself:	
(if not applicable, indicate N/A)				
				
				
		I		
				· I
				<u> </u>

JULY 19 2017	
	, if other than the
Effective date if applicable:	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory to document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grounds the separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated	
Signature	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	or officers have not been eiver, trustee, or other court
MARIBEEL A PANTÓJA	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signin	g)

1