P060000097265

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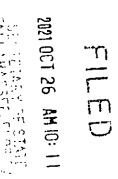
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amend

10/26/21~-01015--006 **35.00



A. RAMSEY

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: _____ P06000097265 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ESTEVEZ, BARBARA M Name of Contact Person Firm/ Company 660 WEST 28 ST Address HIALEAH, FL 33010 City/ State and Zip Code cindyaestevez@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please cail: at (786) 333-3168

Area Code & Daytime Telephone Number ESTEVEZ, BARBARA M Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fcc & ☐\$43.75 Filing Fcc & □\$52.50 Filing Fcc \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



TITICO CORPORATION

(Name	of Corporation as current	ly filed with the Florida D	ept. of State)
P06000097265			7,1
 	(Document Number of	of Corporation (if known)	
dursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following amendment(s)
a. If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and contain 'Inc'' or Co.,'' or the designation "C 'chartered," "professional association,'	Corp," "Inc." or "Co".	A professional corporation	ed" or the abbreviation "Corp.," n name must contain the word
. Enter new principal office address,	if applicable:		
Principal office address <u>MUST BE A S</u>			
		.	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			
		-	
. If amending the registered agent ar			name of the
new registered agent and/or the ne-	OSIRIS MARTINEZ	<u>s:</u>	
Name of New Registered Agent			
	361 WESTWARD DR		
	(Florida si	reet address)	
New Registered Office Address:	MIAMI SPRINGS		, Florida
		(City)	(Zip Code)
Basistand & if a	hansing Desistand Agen		
ew Registered Agent's Signature, if of hereby accept the appointment as regist			tions of the position.
-	0		
	Signature of New I	Registered Agent, if changir	18
heck 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)

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 D	<u>oe</u>	
X Remove	<u>y</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VSD		JORGE L ESTEVEZ	4215 W 5 LN
Add				HIALEAH, FL 33012
X Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove			÷.	
5) Change			<u></u>	
Add				9
Remove				
6) Change		_		
Add				
Remove				

become oncow, y necessary).	cles, enter change(s) here: (Be specific)
	
	
	
	ange reclassification or cancellation of issued shares
If an amendment provides for an exch	ange, reclassification, or cancenation of issued shares,
If an amendment provides for an exch provisions for implementing the amer	ndment if not contained in the amendment itself:
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s date this document was signed.) adoption:, if other than t
Effective date if applicable:	
Effective date il applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by ESTEVEZ, BARBA	
	(voting group)
10/18/20 Dated Signature	D21
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ESTEVEZ, BARBARA M
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)