## PT1000063721

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HECTOR RIVER	AiNC	
DOCUMENT NUM	P07000063721		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	HECTOR RIVERA		
	1	Name of Contact Persor	1
	HECTOR RIVERA <sub>J</sub> INC		
		Firm/ Company	
1800 MONTEBURG DRIVE			
	Address		
	ORLANDO, FL 32825		
City/ State and Zip Code			
	hectorf	loor1@earthlink.net	
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
HECTOR RIVERA		407 at (	440-8037
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HECTOR RIVERAJING					
•	of Corporation as curre	ently filed with the Flori	ida Dept. of State)		
P07000063721					
	(Document Numbe	er of Corporation (if know	vn)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corpol</i>	ration adopts the following	ng amendi	ment(s) to
A. If amending name, enter the new na	ame of the corporation:				
NA				The n	Ø1ai
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." o	r "Co". A professional		hbreviati	ion
B. Enter new principal office address.	if annlicable:	NA			
(Principal office address MUST BE A S					_
					-
			<u> </u>	_2	_
C. Enter new mailing address, if appli	icahle:		EC#	<b>=</b>	
(Mailing address MAY BE A POST		NA —	<u> </u>	_=	<u> </u>
			00 F	30	_
			GE	ar ar	Щ
			5.4	- T	Ō
D. If amending the registered agent an	d/or registered office a	ddress in Florida, enter	the name of the	PG	
new registered agent and/or the new			*	5	
Name of New Registered Agent	NA				
	(Florida	ı street address)		_	
New Registered Office Address:	NA		. Florida		
New Registered Office Address.		(City)		Code)	_
New Registered Agent's Signature, if c			r o ki o		
I hereby accept the appointment as regist	erea agent. I am Jamili	ar with and accept the ob	ougations of the position.		
		-			
	Signature of Ne	w Registered Agent, if ch	anging	_	

## 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	Officer	HECTOR RIVERA L. JR	1800 MONTEBURG DR
Add			ORLANDO, FL 32825
X Remove			
2) Change			NA
Add			
Remove			
3 ) Change			NA
Add			
Remove			
4) Change			NA
Add			
Remove			
5) Change			NA
Add			
Remove			
6) Change			NA
Add			
Remove			

	mending or adding additional Articles, enter change(s) here: such additional sheets, if necessary). (Be specific)
Α	
	<del></del>
<u>If ar</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
A	(g no. apprenaise, material in the control of the c
-	
-	

	07-15-2018	
The date of each amendment(s)	adoption:	if other than th
date this document was signed.		
	7-15-2018	
Effective date <u>if applicable</u> :	(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 Department of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv	"	
·	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07-15-20	018	
Dated	<del></del>	
	$\gamma / A/$ .	
Signature	for // line	
	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	
арро	ointed fiduciary by that fiduciary)	
	HECTOR RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>