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## **COVER LETTER**

TO: Amendment Section
Division of Corporations
NAME OF CORPORATION

NAME OF CORPOR	RATION: PEGASO EQUIT	Y HOLDING CORP.		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Alberto Ibarra			
		Name of Contact Person	0	
	Alberto Ibarra PA			
		Firm/ Company	<del></del>	
	3750 NW 87th Ave STE 520	• •		
		Address		
	Doral FL 33178			
		City/ State and Zip Cod	e	
aibarı	a@ajicpa.com			
		sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
Alberto J Ibarra		at (	477-9336	
Name (	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PEGASO	FOURT	VHOL	DING	CORP

(Name o	of Corporation as currently	filed with the Florida Dept. of	State)
P07000129639			
	(Document Number of C	Corporation (if known)	<del></del>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> adopts	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	d" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		3750 NW 87TH AVE STE 520	) DORAL FL 33178
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		3750 NW 87TH AVE STE 520	) DORAL FL 33178
D. If amending the registered agent an		s in Florida, enter the name of	fthe ====================================
new registered agent and/or the nev  Name of New Registered Agent	ALBERTO J IBARRA		FILED FILED
	3750 NW 87TH AVE STE	520	
	(Florida stree	t address)	
New Registered Office Address:	DORAL	. Flo	orida 33178 🚉 🖰 🕥
- · · · · <del>- · · · · · · · · · · · · · ·</del>	· · · · · · · · · · · · · · · · · · ·	Ϊιψ)	(Zip Code)
New Registered Agent's Signature, if classification in the Agent's Signature, if classification is registed.	ered agent. 1 am familiar wi Kafk	th and accept the obligations of t	the position.

## 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 Doe	
$\underline{X}$ Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	CONSULTING SERVICES OF S. FI	2121 PONCE DE LEON BLVD
Add			SUITE 1050
X Remove			CORAL GABLES, FL 33134
2) Change	D	EDGARDO OBREGON	5186 NW 106TH AVE
X Add			DORAL FL 33178
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			- 100
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

(Attach ad	ing or adding additional A Iditional sheets, if necessary	). (Be specific)	THE STATE OF THE S			
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lf an ame	ndment provides for an ex	change, reclassif	ication, or cance	llation of issued s	hares,	
provision (if no	ns for implementing the ar or applicable, indicate N/A)	<u>nendment if not c</u>	contained in the a	<u>imendment itself:</u>	<u>:</u>	
	.,					
				-		
			<del></del>			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date	<u>.</u>
(no more than 90 days after amendment file date	")
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, 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 votes cast for the am by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.  Dated  Signature  (By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
EDGARDO OBREGON	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)