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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	idress)	
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: JASTEFULLY LATIN, INC.	<del>-</del>				
DOCUMENT NUMBER:	_				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
EDELMIRA C BORDA  Name of Contact Person  Table					
LASTE FULLY LATIN, INC					
97 Meadows Park Ln					
Boynton Beach, F2 33436					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
EDEZMIRA C BORDA a (561) 523-0725	<b>-</b>				
Name of Contact Person Area Code & Daytime Telephone No	umber				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section  Amendment Section  Amendment Section					

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to

Articles of Incorp	poration		
LASTERULLY LATIN	INC		
( <u>Name of Corporation as currently filed with the Flor</u>	ida Dept. of State)		
(Document Number of Corporation (if ki	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	NIA	1	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A professional corporati	ated" or the abb	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	$\mathcal{N}/A$		14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A		FILED
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name	of the	
Name of New Registered Agent / / A			
(Florida street	address)		
New Registered Office Address: (City)	, Florida	(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 o	of the position.	

Signature of New Registered Agent, if changing

## 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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	$N/A$	
Add	,	
Remove	. 1	
2) Change	-NA	
Add	,	
Remove	NA	
3) Change		
Add	·	
Remove	11	
4) Change	<i>N/A</i>	
Add	1	
Remove	1110	
5) Change	NA	
Add	•	
Remove	1	
6) Change	N/A	
Add		
Remove		

Attach additional sheets, if necessary).	(Be specific)	ΛΙ		
		NIA		
		10/11		
			<u></u>	
			n	
		<u> </u>	<u> </u>	
If an amendment provides for an exch	ange, reclassificati	on, or cancellation	of issued shares.	
provisions for implementing the ame				
(if not applicable, indicate N/A)	d	1) -	n6 6 (	`
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ra issuallauna	0 6.1	برمله بنم مدر	tordo	nontro
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- /		,		

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/24/14	
Signature Coll muse of Overda	·
(By a director, president of 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)	
appointed reductary by that reductary?	
EDELMIRA ( PORDA	
(Typed or printed name of person signing)	<del></del>
$\rho_{\circ} = 1$	
TRESIDENI	
(Title of person signing)	