

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN REPRESENTACIONES 350 Z, INC.

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May 18, 2018

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

REPRESENTACIONES 350 Z, INC. 14629 SW 104 STREET #168 MIAMI, FL 33186

SUBJECT: REPRESENTACIONES 350 Z, INC.

REF: P08000109549

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

P.O BOX 6327 - Tallahassee, Florida 32314

FAX Aud. #: H18000153676

Letter Number: 818A00010432

FILED

## Articles of Amendment Articles of Incorporation of

2010 HAY 18 AH 10: 17

SECRETARY OF STATE ALLAHASSEE.FLORIDA

REPRESEN	TACIONES 350 Z, INC.	TALLAHASSEE, FLORID
(Name of Corporation	n as currently filed with the Florid	
P08000109549		
(Docume	at Number of Corporation (if known	)
Pursuant to the provisions of section 607, 1006, Florida tits Articles of Incorporation:	Statutes, this Florida Profit Corpora	ntion adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"Inc," or "Co". A professional o	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
	<del></del>	·
	·····	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	ed office address in Florida, enter t ffice address:	he name of the
Name of New Registered Agent	<u>.</u>	
	(Florida street address)	
New Registered Office Address:		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obl	igations of the position.
Signa	ture of New Registered Agent, if cha	noino

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.

Example: X Change	<u>PT</u>	<u>John Doe</u>				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	VP	MARIO ALBERTO CAMPOS REY	1110 BRICKELL AVE STE 430-1			
X Add			MIAMI, FL 33131			
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).	cles, enter change (Be specific)			
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f an amendment provides for an excl provisions for implementing the ame	nange, reclassificat	ion, or cancellation	of issued shares.	
	nument it not con	aneu in the aneut	mene men.	
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The data of each amendmentic) adoption: 5/16/18
The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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_5/16/19
Signature
(By a director, president or other efficer – 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)
YUMAIRA REY
(Typed or printed name of person signing)
DPS
(Title of person signing)