

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000231321 3)))



H170002313213ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

RECEIVED 15 INC. 15 INC. 28 RM (P. 15 INC. 15

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAMACHO ORNAMENTAL CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

THE 28 PIG 56
CHESKEY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

795 2 9 2017

T. Flantin.

08/28/2017 14:38 3052201440 08/25/2017 04:18PM 3052640109

LAZARUS ALPHA Accounting

PAGE 02/05____ PAGE 10/15

Articles of Amendment

H17000231321

Articles	es of incorporation
CAMACHO ORNAMENTAL CORP	of .
(Name of Corporation as co	arreptly filed with the Florida Dept. of State)
P09000029778	3311/
(Document Nuc	unber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(3) to
A. If amending name, enter the new name of the corporati	<u>don:</u>
	The new
name must be assinguishable and contain the word "corp." "Inc." or Co.," or the designation "Corp, ""Inc. word "chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation ." or "Co". A professional corporation name must contain the iation "PA."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
G 7	
C. Enter now mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office non-registered agent and/or the new registered office ad Name of New Registered Agent	ce address in Florida, enter the name of the
!Flor	orida street address)
Naw Registered Office Address:	, দালাবহ
	(City) (Zip Code)
New Resintered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam Signature of t	New Registered Agent, if changing
P:	Page Lot 4 H 170000231321

3052201440

LAZARUS ALPHA Accounting PAGE 03/05

H 1700023.1321

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)

08/25/2017 04:18PM 3052640109

Please now the officer/director title by the first latter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretory; D= Director; TR= Trustee; C = Chairmon 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 Y. 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 Salty Smith, SV as an Add. Example:

X Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>s</u>	ALEXTS PEREZ GOMEZ	28350 SW 136 PL
X Remove			HOMESTEAD,FL 33033
2) Change	\$	YOEL MOREJON	25930 SW 143 RD APT 721
Add X Remove	•		HOMESTEAD,FL 33032
3)Change			
Add			
Romove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Remove			

PAGE 04/05

PAGE 12/15

H17000231321

If amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
	
· · · · · · · · · · · · · · · · · · ·	
	
an amendment provides for an exchange, reclassification, or cancel	lation of issued shares.
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	injendment usen:
(y not applicable, partials (may)	
	
	_
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

LAZARUS

PAGE 05/05

08/25/2017 04:18PM 3052640109

ALPHA Accounting

PAGE 13/15

	08/25/2017	H 1700U23132
The date of each amendmoot(s) addate this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this bidocument's effective date on the Dep	tock does not meet the applicable stan parument of Stans's records.	mory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of ficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were app. must be separately provided for	roved by the shareholders through voice each voting group entitled to vote separ	g groups. The following statement vitely on the amendment(s):
"The number of votes east i	for the amendment(s) was/were sufficient	at for approval
by		· · · · · · · · · · · · · · · · · · ·
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without si	nareholder action and shareholder
The amendment(s) was/were adopted notion was not required.	pted by the incorporators without sharel	nolder action and shareholder
08/25/2017 Dated		
Signature	ill Courselpo	
selected	rector, president or other office; — If dir i, by an incorporator — if in the hands of ed fiduciary by that fiduciary)	
	ADEL CAMACHO	
-	(Typed or printed name of p	erson signing)
;	PRESIDENT	
-	(Title of person	ripridus)