## P09000044186

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
My say				

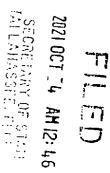




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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOMERO CONSULTANT ACCOUNT CORP					
DOCUMENT NUMBER: P09000044186					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
1	HOMERO LEAL				
-	Name of Contact Person				
-	Firm/ Company				
1	2182 WEST 60 ST APT 19101				
- !	HIALEAH, FL 33016	Address			
-		City/ State and Zip Code	2		
(	OMEROLEAL@BELLSOUTH.NET				
-	E-mail-address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
HOMERO LEAL		at ( <u>305</u>	801-7058		
Name o	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	S43.75 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)		
Amer Divis P.O. l	ng Address adment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment **Articles of Incorporation**

FILED

HOMERO CONSULTANT ACCOUNT C	ORP	2021	OCT 4 AM 12: 4	6
(Name of	Corporation as currently	filed with the Florida I	Dépt.70f(State).	
209000044186		MU	AHASSEE, FILE	
	(Document Number of	Corporation (if known)		
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporatio	n adopts the following	amendment(s
. If amending name, enter the new nan	ne of the corporation:			
i/A				The new
ame must be distinguishable and contain th Inc" or Co.," or the designation "Co chartered," "professional association," o	rp," "Inc," or "Co". A	ompany," or "incorporat professional corporatio	ed" or the abbreviation n name must contain	n "Corp" the word
		N/A		
. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS )			
	,			
. Enter new mailing address, if applica		N/A		
(Mailing address MAY BE A POST O	FFICE BUA)			····
			·*#··	
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>	/or registered office addr	ess in Florida, enter the	name of the	
	N/A			
Name of New Registered Agent				
<del>-</del>	(Florida str	eet address)		
New Registered Office Address:	N/A		, Florida	
New Registered Office Address.	<del>,</del> ,	(City)	(Zip C	ode)
iew Registered Agent's Signature, if ch				
hereby accept the appointment as register	red agent. I am familiar v	with and accept the obliga	tions of the position.	
	Signature of New P.	egistered Agent, if changi	ino	
	aighthia e of tren M	.gwieren rigent, ij Guangt	" <del></del> 5	
Check if applicable				

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	SARA GARCIA	2182 WEST 60 ST
Add			APT 19101
X Remove			HIALEAH, FL 33016
2) Change	P	HOMERO LÉAL	2182 WEST 60 ST
X Add			APT 19101
Remove 3) Change			HIALEAH, FL 33016
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	y). (Be specific)	
<u> </u>		<del>.</del>
<del></del>		<del></del>
<del></del>		<u> </u>
		••
	11	
neavisians for implementing the a	exchange, reclassification, or cancellation of issued shares, immendment if not contained in the amendment itself:	
	)	
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		

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•		09/20/2021	
	The date of each amendment(s) adoption: _date this document was signed.		, if other than the
	09/20/2021 Effective date <u>if applicable</u> :		
	Enecuse date in applicable.	(no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
	Adoption of Amendment(s)	CHECK ONE)	
	The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder ac	tion and shareholder
	☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendmen or approval.	t(s)
	☐ The amendment(s) was/were approved by must be separately provided for each votin	the shareholders through voting groups. The following states ag group entitled to vote separately on the amendment(s):	nent
	"The number of votes cast for the an	endment(s) was/were sufficient for approval	
	by N/A	**	
	(ve	oting group)	
	09/20/2021 Dated		
	Signature		
	(By a director, pre selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other corry by that fiduciary)	urt
	HOMERO	DLEAL	
		(Typed or printed name of person signing)	<del></del>
	PRESIDE	NT	
		(Title of person signing)	