P09000056177

(Re	equestor's Name)	
(Ad	dress)	·····
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DE OCIVAL 1305 INTERNATIONAL, COM	P
DOCUMENT NUMBER: <u>P090000 56177</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
FRANCISCO A- DE OLIVAL Name of Contact Person	
DE OLIVAL 1305 INTERNATIONAL, CORP	
117 NW 42 nd Ave Apt 1216 Address	
MIANI FL 33126 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
FIZANCISCO OE OLIVAL at (305) 342 3449 Name of Contact Person Area Code & Daytime Telephone Number	
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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DE OLIVAL	1305 IN	TERNATIONAL	conp.
(Name of	Corporation as currently	filed with the Florida Dept. o	f State)
	P090000	56177	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new nar	me of the corporation:		
			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered." "professional associate B. Enter new principal office address, if (Principal office address MUST BE A ST	ition "Corp," "Inc," or "C ion," or the abbreviation "I f applicable:	Co". A professional corporation	on name must contain the
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		10255 NW DORAL F	26 th street -C 33178
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			2016 SEP 1
			200 P
	(Florida stre	et address)	
New Registered Office Address:		, F	lorida 9
	(City)	(Zif Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familiar w		f the position.
	Signature of New Re	gistered 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.

Example: X Change	<u>PT J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Cally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	JOSE FRANCISCO DE OLIVAL	117 NW 42 AVE # 1216, MIAM! FO
Add Remove		OE OCIVAL	# 1216, MIAMI FO
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

If amending or adding additional Articles.	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
	4
113 6 6 6 1 1 1 1	
If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendm	nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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)
(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 Signature (By a director, president or other officer—if directors or others have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
FRANCISCO A - DE OCIVAL (Typed or printed name of person signing)
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)