P0900078061

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ANARIDA, INC.			
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	CAROLYN KAHL			
-		Name of Contact Person	1	
1	ROCA GONZALEZ, P.A.			
-		Firm/ Company		
	3370 MARY STREET			
-		Address		
i	MIAMI, FL 33133			
_		City/ State and Zip Code	e	
CKAI	IL@RGPA.COM			
	-	sed for future annual report	notification)	
	•	•		
For further information	concerning this matter, pleas	se call:		
CAROLYN KAHL		305	8596050	
Name of Contact Person		at (305)de & Daytime Telephone Number	
Name u	Confact reison	Alea Co	de & Daytine Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, El. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANARIDA, INC.	
(Name of Corporation as currently fil	ed with the Florida Dept. of State)
P09000078061	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florits Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.A.	'. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2018 OCT 16 AF SECRE ART O TALLAHASS
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s	
i) X Change	PS	CAROZZI, DANIELA \$	3370 MARY STREET	
Add		-	MIAMI, FL 33133	_
Remove				_
2) X Change	VPT	CAROZZI, RICARDO Ď	3370 MARY STREET	
Add			MIAMI, FL 33133	_
Remove				
3) Change	VP	CAROZZI, RICARDO E	1040 EAST 3RD STREET	_
Add			HIALEAH, FL 33010	
X Remove				_
4) Change				_
Add				_
Remove				_
5) Change				
Add		-		_
Remove				_
6) Change				
Add		-		-
Remove				_

If amending or adding Attach additional sheets	, if necessary). (Be .	specific)			
		<u> </u>	·		·
					
					
· · · · · ·					
		<u> </u>			
				·	
				· · · · · · · · · · · · · · · · · · ·	
If an amendment provi provisions for implem (if not applicable, t	enting the amendmen	reclassification, on the state of the state	or cancellation o d in the amendn	of issued shares, cent itself:	
			•		
			ھ		
			 		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
hy	
(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.	
September 21st, 2018 Dated	
Signature	
(By a director, president or 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)	_
CAROZZI, ĎANIELA S	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	