## 1910 0000 29124

(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
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2022 JAN -3 AM 2: 52 SECNETARY OF STORM

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _ DOCUMENT NUMBER:	Pricor	Right	Nator INC
DOCUMENT NUMBER:	P. 100	00029124	<u> </u>
The enclosed Articles of Amendm			
Please return all correspondence c	oncerning this matte	er to the following:	
	کے	Edwar So	Riveno.
	Pricos	Name of Contact Person  Cight M  Perm/ Company	otor.
	フ	321 B SU	1457.
	N;	Address Auj Fl.	33155
E-mai	l address: (to be use	City/ State and Zip Code  R D R 19 Hz M  Id for future annual report	10 fos O Jshoo, cont.
For further information concerning	g this matter, please	e call:	
Name of Contact I	Person	at ( <u>786</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	ayable to the Florida Dep	artment of State:
	3.75 Filing Fee & tificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rection reporations	Amend Division The C	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

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Articles of I	トルヒリ	
Opi ad l	of la ilabora Ta	€2022 JAN -3 AM 2
(Name of Corneration as curren	ntly filed with the Florida Dept. of Sta	ite)
· -		SECRETARY OF ST. TALLAHASSEE, FL:
	0029124.	IMPLEMENTAGE CONT.
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
V/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered." "professional association." or the abbreviation "P.2	A professional corporation name m	abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A.	
C. Enter new mailing address, if applicable:	1)/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office as	ddress in Florida, enter the name of th	<u>he</u>
new registered agent and/or the new registered office addr		
Name of New Registered Agent	N/A.	
	7	
(Florida	street address)	
New Registered Office Address:	, Florid	ta
pen regiment office and one	(Cip)	da(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familie	ent: ar with and accept the obligations of the	? position.
	WA . w Registered Agent, if changing	
Signature of Nev	w Registered Agent, if changing	<del>_</del>
CD 1 th and table		
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.

X Change	PT John	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PVP	MARGARITA RIVERO	7851 SW 133 AUR
Add			N/10011 H 33 183
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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n amendment prov	ides for an exchan	ige, reclassificatio	n, or cancellation	of issued shares,	
ovisions for implen (if not applicable,	nenting the amend	ment if not contain	ined in the amen	dment itself:	
(i) and approxime.	.,,,,,				
	<i>!</i>	V/A	<u> </u>		

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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Cffeeting date if applicables	12/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for fficient for approval.	the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The fee each voting group entitled to vote separately on the ame	ollowing statement endment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
Dated/	2/14/2021.	
Signature		
(By a d selecte	rector, president or other officer – if directors or officers l, by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	URRO.
	Prisisent.	
	(Title of person signing)	