## P100000044268

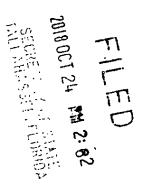
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Amend

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## NA STATE OF THE ST

## COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION:	Bouza (	lorp	<del></del>
DOCUMENT NUMB	er: <u>P100</u>	0000 44268	3	_
The enclosed Articles of	of Amendment and fee are st	ibmitted for tiling.		
Please return all corres	pondence concerning this ma	itter to the following:		
-	Han	vel Bouza Name of Contact Person	1	<del></del>
-	H'B	OUZA COMP		
6765 SW 16 Terr				
	Hiam	1, Fl 33155 City/ State and Zip Cod		
	É-mail address: (to be u	City/ State and Zip Cod		-
For further information	concerning this matter, plea-	se call:		
	OUL BOUZA of Contact Person	at ( 786 Area Co	5217693 de & Daytime Telephone N	<u>3                                    </u>
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)	,
Mail	ing Address	Street	Address	1,

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

RECEIVED

OCT 15 2018

SEP 26 2018

CIU Mall Intako Stamp #9

A control of the Arm	rporation  Plant of State  (A) State  (B) State  (C) State  (C) State  (C) State  (C) State  (C) State
Articles of An to	acadiment 20.
Articles of Inco	rporation
; A $\odot$	2 400 Car Co
M Bouza Cor	P Sign A
	filed with the Florida Dept. of State
P100000442	68
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida 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 "Coward "shartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of the 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)	M/A
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	MA
(Florida stree	et address;
New Registered Office Address:	, Florida
	(ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
	MA
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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	$\sqrt{}$	Amanda A Leon	6765 SW 16 Ter
X Add			Hiami, 7/ 33155
Remove			
2) Change	<del>.</del>		
Add			
Remove			
3)Change		<del></del>	
Add			
Remove			
4) Change			
Add			/ <del></del>
Remove			
.5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

The date of each amendment(s) adoptio	m.	NA		, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :		NA		
<u></u>	(no more th	nan 90 days after amendme	nt file date)	
Note: If the date inserted in this block of document's effective date on the Department.			equirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each t				
"The number of votes cast for the	e amendment(s) was	s/were sufficient for approv	ral	
by			·	
	(voting group)			
The amendment(s) was/were adopted baction was not required.	by the board of direc	ctors without shareholder a	ction and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators	without shareholder action	and shareholder	
Dated9	24/18			
Signature	Box a			
	president or other	officer – if directors or off	icers have not been	
	•	in the hands of a receiver, t	rustee, or other court	
appointed fid	uciary by that fiduc	nary)		
,	Manuel	BOUZA		
	(Typed or prin	nted name of person signing	g)	
	Pro	sident		
	(T	litle of person signing)		