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(R	equestor's Name)	
(A	ddress)	
(Ā	ddress)	
(C	ity/State/Zip/Phone #j)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Di	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: ______

DOCUMENT NUMBER: P10000050864

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FITAL, HADA'SA

Name of Contact Person

HES ENTERPRISES INC.

Firm/ Company

723 NW 8th Ave

Address

Fort Laudedale, FL 33311

City/ State and Zip Code

HCORDERO@CORPOWIKLCOM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 FITAL. HADA 'SA
 at (305)
 343*7931

 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

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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HES ENTERPRISES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000050864

(Document Number of Corporation (if known)

The new

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D.	If amending the registered agent and/o new registered agent and/or the new re	r registered office address in Florida, enter the name of the uistered office address:	<u>.</u>	2021	
	Name of New Registered Agent				• •
			::: بيد جر بيد جر	- 	
		(Florida street address)	က်ပ က က က က	PH 3	\mathbb{C}
	<u>New Registered Office Address</u> :	, Florida		Cono	

New Registered Agent's Signature, if changing Registered Agent:

1 hereby accept the appointment as registered agent - I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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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)

Example:

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.

 \underline{PT} X Change John Doe V X Remove Mike Jones <u>X</u> Add S¥ Sally Smith Type of Action Address Title <u>Name</u> (Check One) 723 NW 8th Ave V ORE N FITAL 1) ____ Change FORT LAUDERDALE, FL 33311 Х Add Remove 2) ____ Change _____ Add _ Remove 3 Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add ___ Remove 6) ____ Change ____ Add _____ Remove

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	•	•	•	•	•	

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) _

	12/29/2020
he date of each amendment(s) adog ne this document was signed.	tion:, if other than t
ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
ote: If the date inserted in this bloc ocument's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as t tment of State's records.
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.
The amendment(s) was/were approv must be separately provided for each	ed by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
bv	
цў	(valing group)
	A A
12/29/2020 Dated	
Signature d	free-
By a difect selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Ŀ	TAL. HADA 'SA
	(Typed or printed name of person signing)
þ	
	(Title of person signing)

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