P10000 078 441

		<u> </u>
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	idress)	
10:	104-1-7: 101	- 40
(CI	ty/State/Zip/Phone	≘ #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dc	ocument Number)	
,	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100332889101

08/16/19--01022--001 **43.7

S TALLENT AUG 2 3 2019

2019 AUG 16 PH 4: 53

Mud

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SEGURVENCA	CORP	
DOCUMENT NUMBE	R: P10000078441		
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.	
Please return all correspo	ndence concerning this ma	itter to the following:	
AA	MILCAR RUIZ		
-		Name of Contact Person	 п
SE	EGURVENCA CORP		
		Firm/ Company	
10	902 NW 83RD STREET	BUILDING 7 APT 206	
-		Address	
DO	DRAL, FL 33178		
		City/ State and Zip Cod	e
DRHOU	SEFLORIDA@GMAIL.C	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
MARIA RUIZ		954 at (451-7364
Name of C	Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations Building

Articles of Amendment to Articles of Incorporation of

SEGURVENCA _J CORP					
	of Corporation as curren	tly filed with the Florida D	Dept. of State)		
P10000078441					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	n adopts the following	g amendn	nent(s
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or	"Co". A professional corp			on
B. Enter new principal office address,	if applicable:	10902 NW 83RD ST APT 206			
(Principal office address MUST BE A S		DORAL FL 33178	35	2019	
			- U. - De - P.C.	AUS	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			2 mm 2 2 mm 2 3	16 PH	1
			() () () () () () () () () ()	<u>ե։ 53</u>	
D. If amending the registered agent ar			name of the		
new registered agent and/or the ne Name of New Registered Agent	w registered office address MARIA RUIZ	<u>ss:</u>			
	10902 NW 83RD STRE	EET		-	
	(Florida si	treet address)		-	
New Registered Office Address:	DORAL		33178 , Florida		
		(City)	(Zip)	Code)	
New Registered Agent's Signature, if c			ions of the position.		
	N/J.	11			

·

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Ch$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Т	YENISKA HERNANDEZ	10902 NW 83RD ST
Add X Remove			APT 206 DORAL, FL 33178
2) Change	Т	MARIA RUIZ	10902 NW 83RD ST DORAL FL
X Add			33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if neces	sary). (Be specific)	<u> </u>			
	<u>. </u>				<u>.</u>
					
		. ==			
			 -		<u></u>
			-		
	<u> </u>				
If an amendment provides for a provisions for implementing the	e amendment if not co	ation, or cancel ntained in the a	lation of issued sh mendment itself:	nares,	
(if not applicable, indicate l	V/A)				
PRESIDENT = AMILCAR RUIZ	900 SHARES				
TREASURY = MARIA RUIZ	100 SHARES			_	
			,		
					_
			<u></u>	,,	
		-			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			

• • • •	8/12/2019	
The date of each amendment(s) date this document was signed.	8/12/2019 adoption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<u></u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/12/201	9	
DatedSignature		
select	directly, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	AMILCAR RUIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	