## P1100000389

(Requestor's Name)	
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(Address)	
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(Business Entity Name)	1
(Document Number)	
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C. GOLDEN SEP - 5 2017

## COVER LETTER

TO: Amendment Section

Division of Corporations	
E.1	D II
	pro Properties, Corp
DOCUMENT NUMBER: 7 11000	000 389
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	
Ramor	Reyes
	Name of Contact Person
Ramon Re	Name of Contact Person  Wes Accounting Inc.  Firm/ Company
	IP 1 A
_5035_	Palm Ave
Higlory	, FL 33012 City/ State and Zip Code
	City/ State and Zip Code
	II
F-mail address: (te	he used for future annual report notification)
is man address, (as	
For further information concerning this matter.	
_	
Ramon Reyes	at (305) 822 - 0669  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$35 Filing Fee S35 Filing Fee Certificate of Sta	
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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- Futuro tro	Perties, Corp.	.,
(Name of Co	orporation as currently filed with the Florida Dept. of Stafe	ιζ,
P11000	000389	
	(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to	}
A. If amending name, enter the new name of	of the corporation:	
	The new	
	the word "corporation," "company," or "incorporated" or the abbreviation of "Corp," "Inc," or "Co". A professional corporation name must contain the "or the abbreviation "P.A."	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(maning address <u>many many many many many many many many </u>		
D. If amending the registered agent and/or	r registered office address in Florida, enter the name of the	
new registered agent and/or the new reg	gistered office address:	
Name of New Registered Agent	Jeida B. Gomez	
	4851 & 8th Ave	
New Registered Office Address: +	(Florida street address)  + Ialeah (City) , Florida 33013 (Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered Agent: l agent. I am familiar with and accept the obligations of the position.	
<b>~</b>		
Δ	Signature of New Registered Agent, if changing	

If amending the Officers address of each Officer a				cer/director being removed and title, name, and
(Attach additional sheets,		11	ig added:	
Please note the officer/dir			letter of the office title:	
				= Trustee; C = Chairman or Clerk; CEO = Chief
				re than one title, list the first letter of each office
held. President, Treasurer				
				the PST and Mike Jones is listed as the V. There is
a change, Mike Jones lea Mike Jones, V as Remove,				ese should be noted as John Doe, PT as a Change,
Example:	, 617161 . 7(1)	, .m, b	1	
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jone		
X Add	<u>sv</u>	Sally Smit	lı <u>h</u> I	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	 <u> ame</u> 	Address
	$\mathcal{D}$	7	leida B. Gomez	11851 COM No
1) Change		_	CION D. COILES	7031 8 8 FAIC
Add				Hialeah. FC 33013
Remove				
2) Change			-	
Add				
Remove				
3 ) Change				
Add			ı	
Remove				
4) Change				
Add			 	
Remove				
5) Change				
Add				
Remove				
6) Change			<del> </del>	

\_\_ Add

\_\_ Remove

If amending or adding additional Artic	
(Attach additional sheets, if necessary).	(Be specific)
	l .
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	i i
	ļi
If an amendment provides for an exchange	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
()	
<u>,</u>	<del>-  </del>
	·
	ı

The date of each amendment(s) adoption:	08/18/17, if other than the
date this document was signed.	
Effective date if applicable:	
	ı (no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (Q	L HECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s)
	the shareholders through voting groups. The following statement is group entitled to vote separately on the amendment(s).
"The number of votes east for the an	
hy	oting group)
6	dting group) 
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
Dated	117
Signature 🔀	
(By a director,	sident or other officer - if directors or officers have not been
selected, by an ir appointed fiducia	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
	NEIDA B GOMEZ
	(Typed or printed name of person signing)
	PRESIDENT
<del></del>	(Title of person signing)