PII 000023320

(R	Requestor's Name)			
——————————————————————————————————————	ddress)			
(A	address)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
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Special Instructions to	o Filing Officer:			

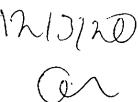
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2020 OCT 23 PM 1:33



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAMACHO-FERI	NANDEZ CORPORATIO)N 			
DOCUMENT NUME	BER:					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	OLGA L. HOLLMANN					
		Name of Contact Perso	n			
	CAMACHO-FERNANDEZ CORPORATION					
	Firm/ Company					
	11956 NW 11TH STREET					
	Address					
	PEMBROKE PINES FL 3302	26				
		City/ State and Zip Cod	e			
	OLGAPABON@YAHOO.CO	DM .				
	E-mail address: (to be use	ed for future annual report	notification)			
For further information	n concerning this matter, please	e call:				
OLGA L. HOLLMAN	!N	at (907 4878 			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	ayable to the Florida Dep	artment of State:			
□ \$35 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)			
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Division The C 2415 I	Address Idment Section Identification of Corporations Identification of Tallahassee N. Monroe Street, Suite 810 Identification of Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation

FILED.

CAMACHO-FERNANDEZ CORPORATION OCT 23 PH 1: 33

(Name of Corpora	ition as currently file	ed with the Floric	ia Depthol State	STATE
	P11000023320		TALLAPASSE	E.FL
(Doce	ument Number of Co	rporation (if know	n)	· -
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Flor	ida Profit Corpor	ation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abb	c." or "Co". A pre			
B. Enter new principal office address, if applicab	ole:			
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)			
	_		<u> </u>	
	_			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			.
	_			
D. If amending the registered agent and/or regist	tared office address i	in Florida, ontor	the name of the	
new registered agent and/or the new registere		in Provida, enter	the name of the	
Name of New Registered Agent				
				
·	(Florida street ac	(dress)	.	
New Registered Office Address:			, Florida	
	(City	,		(Zip Code)
New Registered Agent's Signature, if changing Re	anistored Agent			
I hereby accept the appointment as registered agent.		and accept the obl	igations of the po:	sition.
Sio	nature of New Regist	ered Avent if cha	noino	
J.s			'a'''a	

Check if applicable

☐ 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)

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.

X Change	<u>PT</u>	John Do	<u>DC</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		URIEL ESPINOZA	11956 NW 11TH ST
Add				PEMBROKE PINES. FL 33026
X Remove				
2) Change	VST		OLGA L. HOLLMANN	11956 NW 11TH ST
X Add				PEMBROKE PINES, FL 33026
Remove 3) Change	S		ADOLFO HOLLMANN	11956 NW 11TH ST
Add				PEMBROKE PINES, FL 33026
X Remove				·
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
AMENDMENT TO ARTICLE IV:	
THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS INCREASED BY F.	IVE
HUNDRED (500) FOR A TOTAL OF 1,500 SHARES OF COMMON STOCK, WHICH ARE DISTRIBUT	ED AS
FOLLOWS:	
1) 30% = 450 SHARES TO LINA FERNANDEZ;	
2) 30% = 450 SHARES TO FRANK CAMACHO;	
3) 20% = 300 SHARES TO PABLO CAMACHO:	
4) 20% = 300 SHARES TO MARIANA CAMACHO.	
TOTAL SHARES ALLOCATED = 100% = 1,500 SHARES.	
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)	
(y not appreciate, material total)	
·	
	

	OCTOBER 15, 2020		
I he date of each amendment(s) a date this document was signed.	doption:		, if other than the
Effective date if applicable:			
	(no more than 90 days af	fter amendment file date)	
Note: If the date inserted in this locument's effective date on the D		tutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of	directors without shareholder action and	shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number afficient for approval.	of votes cast for the amendment(s)	
	proved by the shareholders through votice each voting group entitled to vote sepa		
"The number of votes cast	for the amendment(s) was/were suffici	ient for approval	
by	(voting group)	."	
OCTOBE Dated	R 15, 2020		
Signature			
selecte	irector: president or other officer — if di d, by an incorporator — if in the hands o ted fiduciary by that fiduciary)		
	OLGA L. HOLLMAN	N	
	(Typed or printed name of p	person signing)	
	DIRECTOR		

(Title of person signing)