P11000028217

(R	equestor's Name)	
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17/26/2023



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Famitor Corp				
DOCUMENT NUME	P11000028217	 -			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Jose Alfredo Torres				
		Name of Contact Person	1		
	Famitor Corp.				
		Firm/ Company			
	10855 SW 72nd St, Suite 43		•		
	Address				
	Miami, FL 33173				
		City/ State and Zip Code	2		
	donburrito@hotmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Ivonne Aguilar		at (305	898-2599		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 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)		

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

raniitor Corp.					
(Name o	of Corporation as currently	filed with the Florida Dept. of !	State)		
P11000028217					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this FI	orida Profit Corporation adopts	the following amo	andme	nt(s) to
A. If amending name, enter the new no	ame of the corporation:				
			The	new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Catartered," "professional association,"	Corp," "Inc," or "Co". A				
B. Enter new principal office address,	if applicable:				
(Principal office address MUST BE A S	TREET ADDRESS)				
		 			
C. Enter new mailing address, if appli	icable:				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)				
				$^{\circ}$	
				23 խսห 🕂 ւ	V
				- 1-	
D. If amending the registered agent ar		s in Florida, enter the name of			
new registered agent and/or the new				AH 12:	•
Name of New Registered Agent	Ivonne Aguilar				
	10855 SW 72nd St, Suite 43			_	r,
	(Florida stree	(address)			
New Registered Office Address:	Miami	. Flo	rida 33173		
	,c	ity)	(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	th and accept the obligations of t	the position		
Therety decept the appointment as region	erea agent. Tam jamina mi	n und accept the obligations of t	не режинет.		
	Signature of New Reg	istered Agent, if changing			
Check if applicable					
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e)	f, F.S.			

w . . .

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: 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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jose Francisco Torres	10855 SW 72nd St
Add			Suite 43
X Remove			Miami, Fl. 33173
2) X Change	P	Jose Alfredo Torres	10855 SW 72nd St
Add			Suite 43
Remove 3) Change			Miami, FL 33173
Add			
Remove			
4) Change			
Add			19-76-
Remove			<u></u>
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change		_	
Add			
Remove			• ,

(Attach additio	r adding additional Art nal sheets, if necessury).	(Be specific)				
					_	
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·						
						.
If an amendm	ent provides for an exc	hange, reclassifica	ition, or cancella	tion of issued sha	ıres.	
provisions fo	r implementing the amolicable, indicate N/A)	endment if not co	ntained in the an	nendment itself:	<u></u>	
(ij not ap _l	oncuoie, maicute iviA)					
<u> </u>		.		-		
	_					

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The date of each amendment(s) adoption:	if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	. <u>,</u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	n nolder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	, .
President (Title of person signing)	

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