

P110000065195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

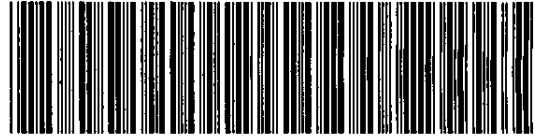
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07/25/14--01005--006 \*\*35.00

FILED  
SEP 18 2014  
14 AUG 18 AM 10:29

Amend  
Cia 8.19.14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **PLANINVESTI INC**

DOCUMENT NUMBER: **P11000065195**

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

Please return all correspondence concerning this matter to the following:

**RENAN MESQUITA**

Name of Contact Person

**LARSON ACCOUNTING AND CONSULTING SERVICES**

Firm/ Company

**8615 COMMODITY CIR STE 06**

Address

**ORLANDO, FL 32819**

City/ State and Zip Code

**finances@larsonacc.com**

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

For further information concerning this matter, please call:

**RENAN MESQUITA**

Name of Contact Person

at ( **407** )

**3703686 x106**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2014

RENAN MESQUITA  
LARSON ACCOUNTING AND CONSULTING  
8615 COMMODITY CIR - STE. 06  
ORLANDO, FL 32819

SUBJECT: PLANINVESTI INC  
Ref. Number: P11000065195

We have received your document for PLANINVESTI INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 014A00016895

RECEIVED  
14 AUG 18 AM 11:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
14 AUG 18 AM 10:29

PLANINVESTI INC

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

P11000065195

(Document Number of Corporation (if known))

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:

*The new 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. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

8615 COMMODITY CIR STE 06  
ORLANDO, FL 32819

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

8615 COMMODITY CIR STE 06  
ORLANDO, FL 32819

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

LARSON ACCOUNTING AND CONSULTING SERVICES

8615 COMMODITY CIR STE 06

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida 32819

(Zip Code)

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

I 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



(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 07/21/2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Jul 21 / 2014

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)

PAULO R LOFRETA

(Typed or printed name of person signing)

PTD

(Title of person signing)