P11000 076 005

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900332488909

08/01/19--01013--020 **43.75

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

1133 1 - 13

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARTURO CONTRERAS JIMENEZ Name of Contact Person CONTR3RAS INC Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number inclosed is a check for the following amount made payable to the Florida Department of State: \$\inc\{ \text{S35}\{ \text{Filing}\{ \text{Fee}\} \text{ \text{G4d}\{ \text{T69}\} \text{ \text{Certificate of Status} \\ \text{Certified Copy} \text{Certificate of Status} \\ \text{Certified Copy} \text{Certificate of Status} \\ \text{Certified Copy} \text{S25}\{ \text{D6}\{ \text{Biling}\{ \text{Fee}\} \\ \text{Certificate of Status} \\ \text{Certified Copy} \text{S25}\{ \text{D6}\{ \text{Biling}\{ \text{Fee}\} \\ \text{Certified Copy} \text{S25}\{ \text{Certificate of Status} \\ \text{Certified Copy} \text{S25}\{ Certified C	NAME OF CORPORATION: _		CONTR3RAS	INC	
Please return all correspondence concerning this matter to the following: ARTURO CONTRERAS JIMENEZ Name of Contact Person CONTR3RAS INC Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number of Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations					
ARTURO CONTRERAS JIMENEZ Name of Contact Person CONTR3RAS INC Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number and Code & Daytime Te	The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing	<u>2</u> .	
Name of Contact Person CONTR3RAS INC Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Area Code & Daytime Telephone Number annual search of State: S35 Filing Fee S35 Filing Fee S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status (Additional copy is certificate of Status (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Amendment Section Division of Corporations	Please return all correspondence c	oncerning this mat	ter to the follow	ing:	
CONTR3RAS INC Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Area Code & Daytime Telephone Number annual report notification of State: S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Amendment Section Division of Corporations		ARTUI	RO CONTRERA	AS JIMEN	EZ
Firm/ Company 1605 COUNTY ROAD 315B Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Area Code & Daytime Telephone Number of Contact Person Area Code & Daytime Telephone Number of State: S35 Filing Fee Gertificate of Status Certificate Copy Certificate of Status Certificate Copy (Additional copy is certified Copy enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations			Name of Con	itact Perso	n
Address GREEN COVE SPRINGS. FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number at (CONT	R3RAS INC		
Address GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number and Department of State: S35 Filing Fee S43.75 Filing Fee \$\Begin{array} \Begin{array} \			Firm/ Co	mpany	
GREEN COVE SPRINGS, FL 32043 City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Area Code & Daytime Telephone Number inclosed is a check for the following amount made payable to the Florida Department of State: S535 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations		1605 COU	JNTY ROAD 3	15B	
City/ State and Zip Code ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ at (904) 424-1769 Name of Contact Person			Addr	ess	,
ARTURO@CONTR3RAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ at (GREEN C	OVE SPRINGS	S, FL 3204	3
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ at (904) 424-1769 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S55 Filling Fee S43.75 Filling Fee & S43.75 Filling Fee & Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations			City/ State an	d Zip Cod	e
For further information concerning this matter, please call: ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Amendment Section Division of Corporations		ARTURO	@CONTR3RA	S.COM	
ARTURO CONTRERAS JIMENEZ Name of Contact Person Area Code & Daytime Telephone Number	E-mail	address: (to be use	ed for future and	ual report	notification)
Name of Contact Person Area Code & Daytime Telephone Number Inclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Area Code & Daytime Telephone Number State: S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	For further information concerning	g this matter, please	e call:		
Inclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) ■ Mailing Address Amendment Section Division of Corporations	ARTURO CONTRERAS JIMEN	EZ	at (904	424-1769
S35 Filing Fee	Name of Contact P		Area Co	de & Daytime Telephone Number	
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations	inclosed is a check for the followi	ng amount made p	ayable to the Flo	orida Depa	artment of State:
Amendment Section Amendment Section Division of Corporations Division of Corporations	-		Certified Co (Additional o	ру	Certificate of Status Certified Copy (Additional Copy
Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Section Division of Corporations P.O. Box 6327			Amend Divisio Clifton	ment Section n of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CONTR3RAS, INC

	Corporation as currently filed with the F	107848 PEDI O STATE	⁾ 5: 31
P11000076005			
	(Document Number of Corporation (if k	<u>SECRETARY OF !</u> TAYLAHASSEE, FI	STATE LORIDA
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit_tCo</i>	rporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:		
name must be distinguishable and conta	in the word "corporation," "company,"	or "incornorated" o	The new
"Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co". A profession	mal corporation name	e must contain the
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS)		
	 .		
			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O			
<u> </u>			
). If amending the registered agent and	or registered office address in Florida, en	ter the name of the	
new registered agent and/or the new	registered office address:		
Name of New Registered Agent	IRENE REYES USCANGA		
	1605 COUNTY ROAD 315B		
_	(Florida street address)	<u>.</u>	
New Registered Office Address:	GREEN COVE SPRINGS	. Florida	32043
	(City)	Florida	(Zip Code)
Sew Registered Agent's Signature, if cha	inging Registered Agent:		
nereny accept the appointment as register	ed agent. I am families with and accept the	obligations of the po:	sition.
	Signature of New Registered Agent, if	changing	

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	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
I) Change	VP	KAYTIE CANCEL CRUZ	510 SUMMIT		
Add			ORANGE PARK, FL. 32073		
X Remove					
2) Change	0	IRENE REYES USCANGA	1605 COUNTRY ROAD 315B		
X Add			GREEN COVE SPRINGS, FL		
Remove			32043		
3.) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_	_		
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)			
			<u>"</u>	
	<u>-, , , , , , , , , , , , , , , , , , , </u>		-	
		_		 -
			- -	
		-		
			<u> </u>	
				
			<u> </u>	
	·			
			<u> </u>	
				
	······································			
		 -		
			<u> </u>	
				
 _				
un umandmant provides for an evol-				
an amendment provides for an exch	ange, reclassification,	or cancellation of	issued shares,	
rovisions for implementing the amer	ange, reclassification, adment if not contained	or cancellation of 1 in the amendmen	issued shares, nt itself:	
an amendment provides for an excherovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, adment if not contained	or cancellation of 1 in the amendmen	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not contained	or cancellation of 1 in the amendmen	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not contained	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not contained	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, idment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, idment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, idment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, idment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, adment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, ndment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, ndment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
rovisions for implementing the amei	ange, reclassification, ndment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	

	adoption:	, if other than the
date this document was signed.	JULY 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following si for each voting group entitled to vote separately on the amendment(s)	
	ast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
-	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	eholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	ler
	JULY 2013	
Dated		
Signature	a director president or other other – if directors or officers have not	heen
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	ARTURO CONTRERAS JIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·
	Manufacture Commence of the Co	
Tuly 29 7011	THE AVERTHER OF THE PARTY OF TH	
1019 21, 2019	A Comp	
Tuly 29, 2019 by: Ken Pall	My Comm, Expires O March 3, 2023	
y wen Walst	No. GG 307193	
	OF TO PRINT	
	White Lines	