P12000026686

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	ty/State/Zip/Phon	e #)
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09/23/13--01003--022 **35.00



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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	104 Inc.
DOCUMENT NUMBER:	P12000026686
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	MAYENSY CUBAS Name of Contact Person
	AOK Inc.
42	Name of Contact Person A OK Inc. Firm/ Company O Logan Blud 8. Address
	Address VAPIES, FC 34119 City/ State and Zip Code
	City/ State and Zip Code
E-mail address	SwfL@amail. Com (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
MAYENSY C	206AS at (239) 692-0574
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
\$35 Filing Fee	
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

Articles of Amendment to Articles of Incorporation

1	of	FILED	
HOB;	Inc	ent of State) 2019 SEP 23 PH	4: 43
(Name of Corporation as current)		ept. or state)	
	o 2-66-86 r of Corporation (if known)	SECRUTARY OF S TALLAHASSEE, FL	ORIDA
·	•	73	,
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts the following	ig amendment(s
If amending name, enter the new name of the	e corporation:		
			_The new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co". A		
. Enter new principal office address, if applica	ıble:		
Principal office address <u>MUST BE A STREET A</u>			_
			_
			_
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		_
			- -
If amending the registered agent and/or reginew registered agent and/or the new register		orida, enter the name of the	
Name of New Registered Agent			
**************************************	(Florida street addres	s)	
New Registered Office Address:		, Florida	
Ten negatierea Office Haureau.	(City)	(Zip Code)	_
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		accept the obligations of the position.	
		. 0	
Signatura	f New Registered Agent, if c	hanaina	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TP	Alejandro Cubas	5270 20th PLSU
X Add		•	Naples, 123411
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if	litional Artic necessary).	(Be specific)				
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Ta	e i	1	~	11 - 4°		
If an amendment provides provisions for implement	ing the ame	ange, reciassi ndment if not	contained in the	<u>icenation of i</u> ie amendmer	ssued snares, it itself:	
(if not applicable, indi	cate N/A)					
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	 		$-\!\!\!/-$			
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The date of each amendment(s) adoption: 9/19/13	, if other than the
date this document was signed.	
Effective date if applicable: $9/(9/3)$	
Effective date if applicable: (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 9/19/13	
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 of printed name of person signing)	_
(Typed of printed name of person signing)	
<u> </u>	
(Title of person signing)	