## P12000034891

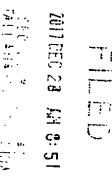
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ANTILLES 10808.	INC.
DOCUMENT NUMBER: P12000034891	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
OSMANIA DIAZ de FUENT	TES
ANTILLES 10808, INC	Name of Contact Person
5930 NW, 99TH AVENUE, U	Firm/ Company UNIT 4.
DORAL, FLORIDA, 33178	Address
	City/ State and Zip Code
fuenteso@campanarello.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Osmania Diaz	305 2999814 at ( )
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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, F1. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as cu	recently filed with t	ha Florida Dant .	of State)	
P12000034891	ii rendy ined with t	ne rioi ida Dept.	<u>vi State</u> )	
(Document Nur	mber of Corporation	(if known)		_
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this <i>Florida Profi</i>	t Corporation ado	pts the following amendme	:nt(s)
A. If amending name, enter the new name of the corporati	on:			
name must be distinguishable and contain the word "corp			The new	,
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A prof	y," or "incorpora essional corporati	ated" or the abbreviation ion name must contain the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		N/A		
	<del></del>	<u> </u>	2017	• .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	C 2	<u>-</u>
(Maning data ess Mari Bis N. V. Ost Ol 1 102 1011)				
			<u>.</u> au	-
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		a, enter the name	of the	
Name of New Registered Agent	N/A			
(Flo	orida street address)	<u> </u>		
New Registered Office Address:	N/A (Civ)	, I	Florida(Zip Code)	
	7 (0.0,)		(11) 001107	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		pt the obligations o	of the position.	
Signature of	New Registered Age	ent, if changing	<del></del>	

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> <u>J</u>	John <u>Doe</u>	
X Remove	<u>v</u> !	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Adolfo Fuentes	5930 NW 99th Avenue, unit 4, Don
Add x Remove			
2) Change		N/A	
Add	•	/	<del> </del>
Remove	X	V/A	
3 ) Change			
Add			
Remove		N/A	
4) Change			
Add		,	
Remove	ı	N/A	
5) Change		/	
Add			
Remove		N/A	
6) Change		/	
Add			
Remove			

ttach <i>additional shee</i>	ets, if necessary).				
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an amendment pro	vides for an excha	inge, reclassification	on, or cancellation	of issued shares,	
rovisions for imple (if not applicable	menting the amen e, indicate N/A)	dment it not conta	ined in the amend	ment itseit:	
		N/A			
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
•	30/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 40 days after amenament fite date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendatifficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following start 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	
bv	."	
	(voting group)	
☐ The amendment(s) was/were adeaction was not required.	opted by the board of directors without shareholder action and share	holder
The amendment(s) was/were add action was not required.  11/30/2016 Dated  Signature	opted by the incorporators without shareholder action and sharehold	er
(By a c	lirector, president or other officer – if directors or officers have not to d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	MIGUEL MARTINEZ	
	(Typed or printed name of person signing)	<del></del>
	DIRECTOR	
	(Title of person signing)	