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R. WHITE

COVER LETTER

): Amendment Section Division of Corporations

AME OF CORPO	RATION: NOVABRASIVOS	CA. INC			
	BER: P12000035835				
e enclosed Articles	of Amendment and fee are su	bmitted for filing.			
ase return all corre	spondence concerning this ma	tter to the following:			
	ROGER LOPEZ				
		Name of Contact Person)		
	BENTLEY INVESTMENT GROUP, CORP				
		Firm/ Company			
	15970 W STATE ROAD 84 # 234				
		Address			
	SUNRISE, FL 33326				
		City/ State and Zip Cod	c		
ЕРЕ	RNAY2020@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
r further informatio	n concerning this matter, pleas	se call: at (8012747		
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number		
	or the following amount made		•		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Am Div P,O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301		

Articles of Amendment Articles of Incorporation

of

)VABRASIVOS CA. INC (Name of Corporation as currently filed with the Florida Dept. of State) 2000035835 (Document Number of Corporation (if known) rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation: If amending name, enter the new name of the corporation: ne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the rd "chartered," "professional association." or the abbreviation "P.A." 10132 NW 77TH ST UNIT 209 Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) DORAL, FL 33172 4092 Enter new mailing address, if applicable: 10132 NW 77TH ST UNIT 209 (Mailing address MAY BE A POST OFFICE BOX) DORAL, FL 33172 4092 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 (Florida street address) . Florida New Registered Office Address: (City) (Zip Code)

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

ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

imending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iress of each Officer and/or Director being added: tach additional sheets, if necessary) ase note the officer/director title by the first letter of the office title: = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief cutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office: d. President, Treasurer, Director would be PTD. anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add. ample: Change PT John Doc <u>V</u> Mike Jones Remove Sally Smith Add <u>SV</u> Address <u>Title</u> pe of Action <u>Name</u>

ieck One)			
Change	<u>VP</u>	Tarsicio R. Suarez	URB EL MORRO I CALLE 141
Add			# 265. VALENCIA CARABOBO
X Remove			2006 VE
X Change	P	Aristides Jesus Suarez Silva	10132 NW 77TH ST UNIT 209
Add			DORAL, FL 33172 4092
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
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Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

	09/25/2019	
e date of each amendment(s) a e this document was signed.	doption:	, if other than the
e this document was signed.		
ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
te: If the date inserted in this to cument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
option of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
, - <u></u>	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
09/25/2019		
Dated		
n.		
Signature	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	ARISTIDES JESUS SUAREZ SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	