## P12000054611

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:CONLEX EUA	, CORP	
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	oondence concerning this man	ter to the following:	
	Sonia Galarza		
		Name of Contact Person	
	N/A		
-		Firm/ Company	
	6615 Sheldon Road		
		Address	
	Tampa, Florida, 33615		
		City/ State and Zip Code	
		•	
sonia	galarzarebroker@gmail.com	<del></del>	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Sonia Galarza		at ( 813	de & Daytime Telephone Number
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	nrtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations of Building  Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation 01

(Name of Cornoration as	urrently filed with the Florida Dept	of State)
P12000054611		····
(Document N	imber of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statuits Articles of Incorporation:	es, this Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES.		
		3400 73
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FILE 22
D. If amending the registered agent and/or registered of	fice address in Florida, enter the na	# 10: 0
new registered agent and/or the new registered office	address:	•
Name of New Registered Agent		
<u> </u>	Florida street address)	
New Registered Office Address:		
THE STANGEST OF SOME ASSESSMENT	(City)	(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

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: $\underline{X}$ Change	<u>PT 1</u>	ohn Doc	
X Remove	<u>v</u> <u>s</u>	vlike Jones	
<u>X</u> Add	<u>SV</u> <u>S</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	VP	GARCIA BRAVO, PATRICIO	6615 Sheldon Road
Add			Tampa, Florida 33615
Remove			
2) Change	S	Galvez, Anthony A.	6615 Sheldon Road
2) Change X Add			Tampa, FI 33615
Remove			
3) Change		N/A	
Add			
Remove			
		N/A	
4) Change			
Add			
Remove		,	
51 Change		N/K	
Add			
Remove			
6)Change		_ 4/1	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
N/A	
15/74	
	<u> </u>
F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
• • •	
N/A	
	· <del></del>

	8/10/2018 loption:	, if other than the
date this document was signed.	/2018	
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendme fficient for approval.	rnt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	r
August I Dated	0th, 2018	
(By a c selecte	tirector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of the second of the	
appoir	ited fiduciary by that fiduciary)	
	SONIA IVETTE MIRANDA GALARZA	
	(Typed or printed name of person signing)	
	President	
	(Tule of person signing)	