

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

; (561)694-1639 Fax Number

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C. GOLDENelp

JUL 28 2017

COVER LETTER

Division of Corpor				
NAME OF CORPORA	ATION: ANNTO CORP			
DOCUMENT NUMBE				
	f A nendment and fee are su	buitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		,
(Cai os Vargas			
-	····	Name of Contact Person	1	
A	Annto Corp			
-		Firm! Company		
1	42 12 SW 121 Place			
-		Address		
Ŋ	diami, Fl 33186			
-		City/ State and Zip Cod		
	_			
carlosv	@:nnto.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	co icerning this matter, pleas	se call:		
Carlos Vargas		at (369-6895	
Name of	C intact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of States	Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ama Divisi P.O. 1	nt Address drient Section for of Corporations So: 6327 for see, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

FHER

Articles of Amendment to Articles of Incorporation of

2011 JUL 27	AM 11:00
ALLAHASSE:	E. FLORIDA

· -			
	<u>ion as curren</u>	tly filed with the Florida	Dept. of State)
21 200007 1386			
(Docto	ment Number	of Corporation (if known)	
ursuant to the provisions of section 607,1006, Florid s Articles of Incorporation:	da Statutes, thi	s Florida Profit Corporati	ion adopts the following amendmen
. If a men ting name, enger the new name of the o	orporation:		
/a			The new
ame must be distinguishable and contain the wo Corp.," "inc.," or Co.," or the designation "Cor word "charred," "professional association," or th	р," "Ілс," or	"Co". A professional co	corporated" or the abbreviation or poration name must contain the
Enter new orincipal (files address, if applicab	le:	14242 SW 121 Place	
Principal office address <u>MUST BE A STREET AD</u>	DRESS)	Miami Fl 33186	
			· ·
Enter 1 tw mailing a dress, if applicable; (Mailin; address MAV BE A POST OFFICE BOX)		14242 SW 121 Place	
(Manual, audress (MA), 195 × 1001 011100 D	<u> </u>	Miami Fl 33186	,
. If amending the registered agent and/or registere new registered agent and/or the new registere	ered office addr	dress in Florida, enter th	e name of the
Codes P			
Name of New Resistered Agent			
 = · -			
	•	street address)	
New Registered (Mice Address: 14242 SW	(Florida)	street address) Mizmi	, Florida 33186

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, 1,"necessary)

Please note the officer/din stor title by the first letter of the office title:

P = President; V= Vice President; T= Treasurar; S= Secretary; D= Director; TR= Trustee; C = Chatrman 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 to 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.

X Change	fol T9	n Doc	
X Remove	<u>y Mi</u>	ke Jones	•
_X Add	<u>sv</u> Sal	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	PTSD	Carlos R. Vargas	14242 SW 121 Place
EbA_X			Mismi Fl 33186
Ronove			
2) Chinge	Р	LEYLA TOBBAJI	5600 SW 135 AVE STE # 109
Aili			MIAMI, FL 33183
X Ronove			
. —		n/a	
3)Change			
Arld			
Remove			
4)Ch:(nge		n/a	
Aild			
Remove			
5)Change		n/a	
A !d			
Remove			<u></u>
		n/a	·
6)Clange		14 14	
And			1
R:move			

Page 2 of 4

. <u>If amentling</u> (Attach a ditt	or adding additional Articles. (Ba	nter change(s) here: specific)		1
/a	•			
				
				
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		·		
				:
				_
				
				
If an aniend	lment provides for an exchange	reclassification, or cancellation	of issued shares,	
provisions	for imple neuting the amendme	nt if not contained in the amend	ment itself:	
(if not	applicable indicate N/A)			
a				
				
				
				
				
				•
		-		<u>:</u>
				

July 26, 2017	is allow they the
The date of each amendment(s) adoption: date this document was signed.	i if other than the
July 26, 2017	
Effective ds:c if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's offective date on the Department of State's records.	his date will not be listed as the
Adoption of Americaneatis) (CHECK QNE)	
The amendment(s) was were adopted by the shareholders. The number of votes east for the amenda by the shareholders we swere sufficient for approval.	ment(s)
The amendment(s) was were approved by the shareholders through voting groups. The following so must be reparately previded for each voting group entitled to vote separately on the amendment(s)	iatemen!):
"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 shar action was not required.	cholder
☐ The anx adment(s) was /were adopted by the incorporators without shareholder action and shareholderion was not required.	der
J.ily 26, 2017 Dated	
	ì
Signature	ham
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	et court
appointed fiduciary by that fiduciary)	DI COGICE
Carlos R. Vargas	
(Typed or printed name of person signing)	
President	
(Title of person signing)	