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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. ROBERTS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: C. NAPOLES, Inc. |
| DOCUMENT NUMBER: POOCO 1913/ |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Christina Napoles |
| PARTIPHOUZA, Inc. |
| 15103 NW GB AVE. |
| MIAMI LAKES, FL 33018 |
| City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Christina Vapoles as 305, 762-2740 |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tollebesses El. 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

| Article | to les of Incorporation 75 |
|---|--|
| A NAI | to to cles of Incorporation of O(E6) IN. with the Florida Dept. of State) |
| (Name of Corporation as currently filed with | rith the Florida Dept. of State) |
| 0/2/00 | |
| (Document Number of Corpo | oration (if known) |
| • | utes, this Florida Profit Corporation adopts the following amendment |
| . If amending name, enter the new name of the corpora | ation: |
| PARTIPALOOZA. | The new |
| ame must be distinguishable and contain the word "con Corp.," "Inc.," or Co.," or the designation "Corp," "Inc ord "chartered," "professional association," or the abbrev | The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A." |
| b. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> | SAME |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | iV/A |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent | |
| Name of New Registerea Agent | |
| | Florida street address) |
| (FI | |
| (FI New Registered Office Address: | , Florida |

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: X Change | <u>PT</u> <u>John</u> | n Doe | |
|---------------------------------------|-----------------------|--------------------|---|
| X Remove | <u>V</u> <u>Mik</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sall</u> | ly Smith | |
| Type of Action (Check One) 1) Change | Title VP | Name RAYMOND NA | Address AXES 15103 UW 99 AU MIAMI LAKES, FL 3808 |
| 2) Change Add Remove | | | / |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add | / | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| f amending or adding additional Articles, enter chang Attach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassifications for implementing the amendment if not con | MON, Or CANCELLATION OF ISSUED SNAFES, |
| (if not applicable, indicate N/A) | named in the amendment isen. |
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| The date of each amendment(s) ad | loption: |
|---|---|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | roved by the shareholders through voting groups. The following statement 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) |
| action was not required. | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder |
| action was not required. | • |
| Dated / O | 8/12. Ce Males |
| | rector, 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 led fiduciary by that fiduciary) |
| арроіпс | Christina Vapoles |
| | (Typed or printed name of person signing) |
| | PRE5109NT |
| • | (Title of person signing) |