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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	APAQ CORPO	RATION	
DOCUMENT NUMBER: P120	00086075		
The enclosed Articles of Amendm		ibmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
HILDA D F	AMOS		
		Name of Contact Person	1
		Firm/ Company	
5774 FUN:	STON STREET		
HOLLYWO	OOD FL 33023	Address	
		City/ State and Zip Cod	5
QAPAQCORPO	RATION@GMA	AIL.COM	
E-mail	address: (to be u	sed for future annual report	notification)
For further information concerning	this matter, pleas	se calt:	
HILDA D RAMOS		954 at (593-5545
Name of Contact P	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ficate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

QAPAQ CORPORATION	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P12000086075	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	TOMAS G MANUEL HUAMAN	720 SW 111 AVE 202
Add	-		PEMBROKE PINES FL 33025
X Remove			
2) X Change	Р	HILDA D RAMOS	5774 FUNTON STREET
Add			HOLLYWOOD FL 33023
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	~~~		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
, ,	
If an amendment provides for an exch	tange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nin approxime, puncate 1913)	
<u> </u>	

	11/20/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/20/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requ Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes co	st for the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder actio	on and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action an	d shareholder
Dated	IBER 20, 2019	
(By: selec	director, president or other officer – if directors or officer ted, by an incorporator – if in the hands of a receiver, trust inted fiduciary by that fiduciary)	
	HILDA D RAMOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	