P12000088079

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: AMERICAS PRO	DUCTS FLORIDA DIST	RIBUTON CO
DOCUMENT NUMBE	P12000088079		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
Ma	aria Jovita Suarez		
	 	Name of Contact Person	1
AM	MERICAS PRODUCTS F	LORIDA DISTRIBUTIO	N CO
		Firm/ Company	
14	40 GEMINI BLVD. SUIT	E 4.	
		Address	
OF	RLANDO, FLORIDA 328	37	
		City/ State and Zip Cod	e
COMPR	RAS@APDWHOLESALE	E.COM	
4		sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
GLORIA CHOQUETTE	<u> </u>	407	8121218
Name of Contact Person		at (at ()
Enclosed is a check for th	e following amount made	payable to the Florida Depa	irtment of State;
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fcc & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMERICAS PRODUCTS FLORIDA DISTRIBUTION CO				
(Name of Corporation as curren	tly filed with the Florida Dept. of State 196 PH 3:			
P12000088079	· 177 J.			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	1440 GEMINI BLVD.			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 4			
	ORLANDO, FLORIDA 32837			
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 add new registered agent and/or the new registered office address	dress in Florida, enter the name of the			
Name of New Registered Agent				
(Florida si	reet address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
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: X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ω	Andres Felipe Gomez	735 Flower Fields Lane
Add			Orlando, Florida 32824
X Remove			
2) Change	D	Daniela Gomez	735 Flower Fields Lane
x Add			Orlando, Florida 32824
Remove			April 1994 - March
3) X Change	S	Gloria Choquette	3616 Julius Estates Blvd.
Add			Winter, Haven. Florida 33881
Remove			
4) Change	Р	Gilberto Gomez	735 Flower Foelds Lane
Add			Orlando, Florida 32837
x Remove			
5) X Change	Р	Maria Jovita Suarez	735 Flower Fields Lane
Add			Orlando, Florida 32837
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Mach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an exch	ange reclassifi	ration or canc	ellation of icc	ad charac	
rovisions for implementing the amer	idment if not co	ontained in the	amendment i	tself:	
(if not applicable, indicate N/A)					
	·				
	-				
····					
					
				*	
					

•	10/30/2019		
The date of each amendment(s) ado		, if othe	r than the
date this document was signed.			
10/30	/2019		
Effective date <u>if applicable</u> :			_
	(no more than S	90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department		icable statutory filing requirements, this date will not be lis	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopt by the shareholders was/were suffi	-	ne number of votes east for the amendment(s)	
		rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/we	ere sufficient for approval	
by			
, —	(voting group)		
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors	s without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators with	hout shareholder action and shareholder	
10/30/2019			
Dated			
Signature	ector, president or other offi	icer – if directors or officers have not been	
		he hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary		
M	Maria Jovita Suarez		
_	(Typed or printed	name of person signing)	-
	` ` .	nume or person signing)	
V	/P		

(Title of person signing)