P12000098658

٦)	Requestor's Name)	
A)	ddress)	
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(E	usiness Entity Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ____

DOCUMENT NUMBER: P12000098658

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN VERASTEGUI

Name of Contact Person

Firm/ Company

5220 NW 109 AVE SUITE 4

Address

DORAL, FL 33178

City/ State and Zip Code

JEANETTEVA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____at (<u>786</u>) 725-9262 Area Code & Daytime Telephone Number armen

Enclosed is a check for the following amount made payable to the Florida Department of State:



☐ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment 10 Articles of Incorporation of

MAJO DORAL CORP		21-2 110 22 Pri 3-00
(<u>Name of Cor</u>	poration as currently filed with the Flo	orida Dept. of State) - + + + 3: 110
212000098658		
(Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corj</i>	<i>poration</i> adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the wa "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A professional corp	rporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>) 		
 If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent 	egistered office address in Florida, ent tered office address:	
		,
	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida

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

Check if applicable

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□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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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 = ChiefExecutive 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 F. 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:

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<u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MGR	JONATHAN LIRA	5220 NW 109 AVE APT 4
X Add			DORAL, FL, 33178
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
6) Change	<u> </u>	<u> </u>	
Add			
Remove			

Attach additional	dding additional Ar sheets, if necessary).	. (Be specific)				
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If an amendmen	t provides for an ex	change, r <u>eclass</u>	ification <u>, or can</u>	cellation of issu	ed shares,	
<u>provisions for i</u>	mplementing the an cable, indicate N/A)	<u>aendment if not</u>	contained in th	<u>ie amendment i</u>	<u>tself:</u>	
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The date of each amendment	(s) adoption:	_	 if other than the
date this document was signed			
	07/14/2020		
Effective date if applicable:			

tho more than 90 days after amendment file dater

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

• •-

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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) 07/14/2020 Dated

Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CARMEN VERASTEGUE

(Typed or primed name of person signing)

PRESIDENT

(Title of person signing)