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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassec, FL 32314

NAME OF CORPORATION: ALANJOS	ONS FINANCIAL GROUP INC				
DOCUMENT NUMBER: P1300000102					
The enclosed Articles of Amendment and f					
Please return all correspondence concerning	this matter to the following:				
OMAYRA A ALTAI	MIRANDA				
	Name of Contact Person				
ALANJOSONS FIN	ANCIAL GROUP INC				
	Firm/ Company				
4190 W 18TH LAN	E				
	Address				
HIALEAH FL 3301.	2				
	City/ State and Zip Code				
ALANJOSONS@GMAIL	СОМ				
-	(to be used for future annual report notification)				
For further information concerning this mat	er, please call:				
() A ()	16 305 300 644				
Name of Contact Person	at (305) 200 914/ Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of



ALANJOSONS FINANCIAL GROUP INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)	2018 AUG 10	AM R: 2
P13000001028	,	SECRETABLE	00.0
(Document Number of	of Corporation (if known)	SECRETARY TALLAHAS	SEE. FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow		
A. If amending name, enter the new name of the corporation:			
		The new	
name must he distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus		
B. Enter new principal office address, if applicable:	16969 NW 67TH AVENUE UNIT 207		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI , FL 33015		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		-	
			
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 			
Name of New Registered Agent			
		_	
(Florida st	trect address)	_	
New Registered Office Address:	, Florida		
	(City) (Zip	o Code)	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position		
-			
Signature of New i	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:

 $P \neq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANDRES ALTAMIRANDA	4190 W 18TH LANE
Add			HIALEAH FL
X Remove			33012
2) Change	.0	JORGE D ALTAMIRANDA	4190 W 18TH LANE
Add	•		HIALEAH, FL
X Remove			33012
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

E. If amending or add	ling additional Artic heets, if necessary).	ies, enter change	(<u>s) nere</u> :		
(Attach adamonal si	neeis, ij necessary).	(Be specific)			
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. If an amendment p	provides for an excha	inge, reclassificat	ion, or cancellatio	n of issued shares,	
provisions for imp	plementing the amen	dment if not cont	<u>tained in the amen</u>	idment itself:	
(if not applica	ble, indicate N/A)				
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•	08/06/2018	
The date of each amendment(s) adoption	1;	, if other than the
date this document was signed.	^	
08/06/2014 Effective date <u>if applicable</u> :	8	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendm t for approval.	ent(s)
	by the shareholders through voting groups. The following state to the separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholde	ा
08/06/2018		
DatedSignature	aya Delle	
(By a director,	, president or other officer – it directors or officers have not b	
•	n incorporator if in the hands of a receiver, trustee, or other	court
appointed fidu	iciary by that fiduciary)	
OMA	YRA A ALTAMIRANDA	
	(Typed or printed name of person signing)	A ************************************
PRES	SIDENT	
	(Title of person signing)	