91300046074

(Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
(City/State/Zip/Phone #) PICK-UP	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT	MAIL
ertified Copies Certificates of Status	(Business Entity Name)	
Special Instructions to Filing Officer:	(Document Number)	
	ertified Copies Certificates of St	atus
	Special Instructions to Filing Officer:	
Office Use Only		



400352283904

09/21/20--01001--005 **35,00

18 17 1:23

2000 (18 PH 3:1

C. GOLDEN SEP 21 2020

ţ,

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK U	JP: <u>09/18/2020</u>
_ x	 :x	CERTIFIED COPY PHOTOCOPY	
		CUS	
х	X	FILING	Amendment
1.		Pembroke 71 Gas Stati	
2.		(CORPORATE NAME AND DOCUMEN	VT #)
3.		(CORPORATE NAME AND DOCUMEN	PT #)
4.		(CORPORATE NAME AND DOCUMEN	UT #)
5.	-	(CORPORATE NAME AND DOCUMEN	VT #)
6.	-	(CORPORATE NAME AND DOCUMEN	VT #)
SPEC INSTI		L CTIONS:	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PEMBROKE 71 C	GAS STATION INC.				
DOCUMENT NUM	P1300004607.					
The enclosed Articles	of Amendment and fee are so	abmitted for filing.				
Please return all corre	espondence concerning this me	atter to the following:				
	Leslie Alan Rozencwaig, Es	վ.				
	***************************************	Name of Contact Perso	n			
	Rozencwaig & Nadel, LLP					
		Firm/ Company				
	301 W. Hallandale Beach Blvd					
		Address				
	Hallandale Beach, Florida 33	8009				
		City' State and Zip Cod	e			
entit	ies@,rnflaw.com					
	- 	sed for future annual report	notification)			
		,	,			
For further informatio	on concerning this matter, pleas	se call:				
Leslie Alan Rozencw	aig, Esq.	954 at (455-5100			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State:			
S35 Filing Fee	□S43.75 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)			
	iling Address endment Section		Address Iment Section			
	ision of Corporations		on of Corporations			
P.O. Box 6327		Clifton Building				
Tall	objective EL 32314	2661 F	veentive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2001 110 PH 3:16

PEMBROKE 71 GAS STATION INC.	2.5 1. P. i 3
(Name of Corporation as	currently filed with the Florida Dept. of State)
P13000046074	
(Document ?	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	ation:
N/A	The new
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inword "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent N/A	
(F	lorida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered liberally accept the appointment as registered agent. I am fo	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	P		JUAN ALBERTO FLORES	2990 NW 24th Street
Add				Miami, Florida 33142
X Remove				
2) Change	PD		ANIURKA FLORES	2990 NW 24th Street
X Add		_		Miami, Florida 33142
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change				
Add		_		
Remove				
remove				

(Attach additional sheets, if necessary)	rticles, enter change(s) here: (). (Be specific)
N/A	,. (Do apocific)
· ·	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block didocument's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were adopted by the shareholders was were sufficient	y the shareholders. The number of votes east for the amendment(s) i for approval	
	by the shareholders through voting groups. The following statemen rating group entitled to vote separately on the amendmentiss:	t
	amendment(s) was were sufficient for approval	
by	(vonng groups	
	(voing group)	
The amendment(s) was were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated September	18,2020 	
Signature	president or other officer - if directors or officers have not been	
selected, by a appointed fide	n incorporator—if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	
Juan s	(Typed or priphed name of person signing)	
	(Typed or pripied name of person signing)	
Presid	ent	
	(Title of person signing)	