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Office Use Only



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OCT 1 9 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporation	rations			
NAME OF CORPOR	ATION:	AMANTE	BRUTO INC	
DOCUMENT NUMB	ER:			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
_	An	A GONZA	LFZ	
		Name of Contact Perso	n	
-	67	Firm/Company South	Conbress Ave	
_	LA	Ke Won7	th, FC 32462	
	GONZALEZ E-mail address: (to be us	City/ State and Zip Cod CEC/LIA69 sed for future annual report	QYAhoo.Com	
For further information	concerning this matter, pleas		319-4809	20
Name of	f Contact Person	at (<u>J6/</u> Area Co	de & Daytime Telephone Number	20
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$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)	
8.4 ***		Charact Address		

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as currently filed with the Florid	a Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> its Articles of Incorporation:	tion 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 word "corporation," "company," or "i "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional cword "chartered," "professional association," or the abbreviation "P.A."	ncorporated" or the abbreviation,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 BK 000 BK 00
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 in Florida, enter to new registered agent and/or the new registered office address: Name of New Registered Agent 6746 South Ca	he name of the
New Registered Office Address: ARE WORTH (City)	, Florida 33462
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obl.	igations of the position.

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:	70, 4.14 24.19 2			
X Change	<u>PT</u> <u>Jo</u>	John Doe		
X Remove	<u>V</u> <u>M</u>	like Jones		
X Add	<u>SV</u> Sa	ally Smith		
Type of Action (Check One)	Title	Name	Address	
I) Change	1	VICO, JANIO	106 N. M. LITARY RAIN	
Add			West lalmberh, FC	
Remove	0	,	334/5	
2) Change		GONZALOZ, ANA	6746 South Combress Au LAKE Worth, FL 33462	
Add Remove			UMPE - VOILIA, I C	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove	•			
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
NA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(g not applicable, material (v/l)
NA

The date of each amendment(s) adoption: OCT/1,20/5, 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 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 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Just
(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)
HNA GONZALEZ
(Typed or printed name of person signing)
ANA GONZALEZ - PRESIDENT
(Title of person signing)