P130000 65281

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
-		
(Cit	y/State/Zip/Phoni	e #)
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COVER LETTER

TO: Amendment Sec Division of Corp		• v	
NAME OF CORPO	RATION: SIGNO PRODUC	CIONES INC	
	BER: P13000065281		
	of Amendment and fee are st		
Please return all corre	spondence concerning this ma	itter to the following:	
	JUAN P NIETO		
		Name of Contact Persor	1
		Firm/ Company	
	16345 NW 11TH ST		
	PEMBROKE PINES, FL. 33	Address	
	TEMBROKE FINES, FE, 75	City/ State and Zip Code	
		City/ State and Zip Cour	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JUAN P NIETO		954 at (2578532
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div P.O	illing Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

Articles of Amendment to Articles of Incorporation of

SIGNO PRODUCCIONES INC

(Name of Corporation as current)	v filed with the Florida Dept. of State)	
P13000065281		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the to	Howing amend
A. If amending name, enter the new name of the corporation:		
		The n
name must be 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	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		26
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		•-
		(3)
		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		ယ
Name of New Registered Agent		
(Florida st	vet address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ition.
Signature of New b	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n. 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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eacheld. 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	P	JUAN P NIETO	16345 NW 11TH ST			
XAdd			PEMBROKE PINES, FL. 33028			
Remove						
2) Change	Р	BENAVIDES JONSON, IGNACIO	16345 NW 11TH ST			
Add			PEMBROKE PINES, FL. 33028			
X Remove						
3) Change	VP	GARCIA ROJAS, VAROLINA V	16345 NW 11TH ST			
Add			PEMBROKE PINES, FL. 33028			
X Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Kemove						
6) Change						
Add						
Remove						

(Attach additional sheets, if nece	rssary). (Be specific)				
					
					<u> </u>
· · · · · · · · · · · · · · · · · · ·					
 					
					
,		.,. ·, · - -			
If an amendment provides for	an avelanno roelassi	Gentian ar conca	Hatian of iccuad	charac	
provisions for implementing	the amendment if not	contained in the	amendment itse	<u>f:</u>	
provisions for implementing (if not applicable, indicate	N/A)			_	
<u></u>					
					<u> </u>
					
		- -			
					

The date of each amendment(s) date this document was signed.	adoption:	, if othe
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be lis
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the unendment(s):	
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
Dated6_ Signature	28/2019 Lancuffer	
(By a selec	i director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	IGNACIO BENAVIDES JOHSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	