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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Amend

JUN 12 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: NORTHEASTER	RN UNTTED CORP +	
DOCUMENT NUM	P13000073080		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	MIGUELANGEL POBLAC	ION VARGAS	
		Name of Contact Persor	1
	NORTHEASTERN UNITED	O _Z CORP.	
		Firm/ Company	
	16199 SADDLE CLUB RD	UNIT 201	
		Address	
	WESTON, FLORIDA 33320	1	
		City/ State and Zip Cod	e
NU	NITEIXORP@GMAIL.COX	1	
	E-mail address: (to be u	sed for future annual report	notification)
	on concerning this matter, pleas OBLACION VARGAS	205	748-4898
Name of Contact Person		Area Co)de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address			Address
	nendment Section	Amendment Section	
	zision of Corporations), Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P13000073080		
(Docume	ent Number of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation	Statutes, this Florida Profit Corporation adopts the following ame	endment(s) t
A. If amending name, enter the new name of the cor	rporation:	
	<i>The</i>	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	4 "corporation," "company," or "incorporated" or the abbrev " "Inc," or "Co". A professional corporation name must conta abbreviation "P.A."	iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> D. If amending the registered agent and/or registere	red office address in Florida, enter the name of the	FILED
new registered agent and/or the new registered o		
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
	(Cir) (Zap Colle)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.	
Giran.	ature 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.

Example: X Change	<u> 14</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>	Name	<u>Addres</u> s
I) Change	D	MARLENE VARGAS	16199 SADDLE CLUB RD
Add			201
X Remove			WESTON, FLORIDA 33326
2) Change			
Add			
Remove			
3) Change		 	
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the ame	

	06/04/2018
The date of each amendment(s) date this document was signed.	adoption:, it' other than th
-	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east 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 amendment(s):
	ast for the amendment(s) was/were sufficient for approval
bv	(voting group)
,	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
06/04/20 Dated	
Signature	Laterest /
(By a select	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 sointed fiduciary by that fiduciary)
	MIGUELANGEL POBLACION VARGAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)