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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAREDO OF MA	CCLENNY INC	
DOCUMENT NUMB	ER: P13000073414		
	f Amendment and fee are st	abmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
(	Cindy Divido		
-		Name of Contact Person	n
(	Cindy T Divido of GA Inc		
-		Firm/ Company	
2	275 Johnson St		
-		Address	
\$	Senoia GA 30276		
<del>-</del>		City/ State and Zip Cod	e
cdivide	o@aol.com		
<del></del>	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Cindy Divido		770 at (	727-9189
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filling Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

## LAREDO OF MACCLENNY INC

(Name of Corporation as	currently filed with the Flori	ida Dept. of State)	
P13000073414			
(Document N	umber of Corporation (if know	vn)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	des, this <i>Florida Profit Corpo</i>	ration adopts the following amen	dinent(s) t
A. If amending name, enter the new name of the corpora	tion;		
		The	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u> )		
	· · · · · · · · · · · · · · · · · · ·	2019 17	· <del></del>
C. Enter new mailing address, if applicable:		ALL ALL	4
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			ners of
		<u> </u>	<del>'</del> . ,
		<u> </u>	. 4 % 
D. If amending the registered agent and/or registered off	Gan addraec in Etorida antor	the name of the The	التعويد.
new registered agent and/or the new registered office		the name of the	
Name of New Registered Agent			
	lorida street address)		
New Registered Office Address:		, Florida	
New Registered Office Budress.	(City)	Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		Minister of the modeling	
· печеоу ассері іне арронитені ах гедімегей адені.— Гат р	аниваг жил ана иссерсте ос	ruganous of the pustuon.	
Signature e	of New Registered Agent, if ch	anging	

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: <u>X</u> Change	<u> PT</u>	<u>John De</u>	<u>oc</u>	
X Remove	$\underline{V}$	Mike Ju	ones .	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	Sec		Uriel Canela Ochoa	712 Short Putt Drive
X Add				MacClenny FL 32063
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change	<u></u>			
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				<del></del>
Remove				
6)Change				
Add				
Remove				

ed shares,
self:

	09-19-2019	
The date of each amendment(s) as	doption:	, if other than the
date this document was signed.		
09- Effective date <u>if applicable</u> :	19-2019	
rifective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory fifing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment officient for approval.	11(8)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09-19-201 Dated	9	
Dateu	^	
(i)	hard in a	
Signature	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other or	
	ted fiduciary by that fiduciary)	
	Jose L Ramirez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	