## Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

Help

## (H20000159409 3)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LA SOMBRA SO	LIS CORP	
DOCUMENT NUMBER: P13000089065		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this me	atter to the following:	
ANAKARLA REYTOR		
	Name of Contact Perso	
MIAMI LEGAL USA		
	Firm/ Company	
5167 SW 8 ST		
	Address	
MIAMI FL 33134		
	City/ State and Zip Coo	de
MIAMILEGALUSA@GMA	JL.COM	
E-mail address: (to be us	sed for future annual repor	t notification)
For further information concerning this matter, plea	} :	
ANAKARLA REYTOR	at (305	
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee S43.75 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	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

P. 003/006 (H-20000159409 3)

## Articles of Amendment to Articles of Incorporation of

LA SOMBRA SOLIS,CORP					
(Name	of Corporation as curren	tly filed with the Florida Dept. of St	ate)		
P13000089065					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts ti	ie following	z amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc." or "Co".	A professional corporation name m	abbreviatio ust contair	_The in "Cor, ithe w	m "
B. Enter new principal office address,	4651 SW 122 AVE				
(Principal office address MUST BE A S	MIAMI FL 33175			_	
			IAI IS	203	_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	1753 NW 15 ST	CRET	BHAY 2	_	
		MIAMI FL 33125	20.55 20.55 20.55	<u> </u>	_ ;
			· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of t	he SA	$\bar{\omega}$	<u> </u>
Name of New Registered Agent	ANAKARLA REYTOR	<del></del>			
	5167 SW 8 ST				
	(Florida s	treet address)			
New Registered Office Address:	, Floric	ia_33134			
		(City)	(Zip C	ode)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist  Check if applicable	sered agent. Jam familian	nt: r with and accept the obligations of the Registered Agent, if changing	polition.		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11	) (e), F.S.			

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	PT John	<u>Doe</u>			
$\underline{X}$ Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	<u>SV</u> <u>Sally</u>				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
l) Change	VP	PABLO GALLO	1753 NW 15 ST		
X Add			MIAMI FL 33125		
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove			_		
6) Change					
Add					
Remove					

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prov	risions for impl	rovides for an elementing the solle, indicate N/A	emendmen	reclassificat t if not com	ion, or car tained in t	ncellation o he amendn	<u>f issued sh</u> cent itself:	ares.		
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	05/28/2020
The date of each amendment(s) a	doption:, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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	n
	(voting group)
05/28/2020 Dated Signature (By a d	frector, president or other officer - If directors of officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	ANAKARLA REYTOR
	(Typed or printed name of person signing)
	REGISTERED AGENT
	(Title of person signing)