P13000089142

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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Hend's

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GERONIMO	O VENEGAS CO	ORP
DOCUMENT NUMBI	ER: P1300008914	2	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this mat	ter to the following:	
(CORRECHA TAT	TANA	
_		Name of Contact Persor	1
•	GERONIMO VEN	IEGAS CORP	
_		Firm/ Company	
	13360 SW 46 CT		
-		Address	
1	MIRAMAR, FL 33	3027	
-		City/ State and Zip Code	2
LEN	ISUR@LIVE.COI	М	
 .		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
CORRECHA	TATIANA	at (305	, 439-0246
Name o	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	urtment 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)
Amer Divis P.O.	ing Address Indicate the state of the state	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

GERONIMO VENEGAS CORP

(Name of Corporation as currently filed with the Flor	rida Dent. of State)	
P13000089142	Tan Depts of State	
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
	**	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must c	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the	18 HO 198
Name of New Registered Agent	No. more	
(Florida street	ਰਿਸ਼ ਹੈ। ਸਮਾਜ	
New Registered Office Address: (City)	Florida (Zip Code)	ন জু ু ু ু ু
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age		

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>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>	Address
1) Change	S	DIAZ NORBERTO	13360 SW 46 CT
Add			MIRAMAR FL 33027
Remove			
2) Change	P/S	VENEGAS GERONIMO	13360 SW 46 CT
Add			MIRAMAR FL 33027
Remove			
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)	
ADD THE EIN # 46-4014989	
ADD THE EIN # 40-4014909	
, and the state of	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself:	es,
(if not applicable, indicate N/A)	
	·
74 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

The date of each amendment(s) a	adoption: 11/14/2013	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_11/14/2	2013_ /	
	Wig /02	
	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	DIAZ NORBERTO	
	(Typed or printed name of person signing)	
	S	
	(Title of person signing)	