## P14000011601

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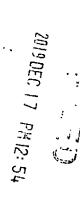
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: UCARPIO ENTER	RPRISES INC	
DOCUMENT NUMI	D14000011401	.,	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	UZIEL CARPIO		
		Name of Contact Person	1
	UCARPIO ENTERPRISES I	NC.	
	·	Firm/ Company	
	1179 WEST 31ST STREET		
		Address	
	HIALEAH, FLORIDA 3301:	2	
		City/ State and Zip Cod	e
UZIE	LCARPIO3@GMAIL.COM		
<del> </del>	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
UZIEL CARPIO		at (_786	486-5926
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LICARPIO ENTERPRISES INC.

UCARPIO ENTERPRISES INC.	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P14000011601	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "corpor". "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)
	119 DEC 17 PM 12:
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>
(Framing duaress MAT DE AT OST OTTICE BOX)	
	্ ন্
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the
Name of New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·
	(Florida street address)
Van Praintenad (William Addison	Photas
New Registered Office Address:	, Florida
_	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	y and the second
Signature	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>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	VP	SERGIO LUIS CRUZ	35 WEST 13TH STREET
X			APT 7
Remove			HIALEAH, FL 33010-3925
2) Change	VP	ORLANDO M. MILIAN	21100 BLUEWATER RD
X			
Remove 3) Change			CUTLER BAY, FL 33189-3040
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del></del>
		Page 2 of 4	
E. If amending or additional she	ng additi ets, if nec	ional Articles, enter change(s) here: cessary). (Be specific)	

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provisions for implement (if not applicable, indi	ing the amend cate N/A)	ment if not contained in the amendment itself:	
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		Page 3 of 4	
The date of each amendment(	s) adoption;		, if other than th
date this document was signed.			
Effective date if applicable:	12/16/2019		
		(no more than 90 days after amendment file date)	

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment	· · · · · · · · · · · · · · · · · · ·
The amendment(s) was by the shareholders wa	were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):
"The number of v	votes cast for the amendment(s) was/were sufficient for approval
by	<u></u>
	(voting group)
☐ The amendment(s) was action was not required	were adopted by the board of directors without shareholder action and shareholder l.
☐ The amendment(s) was action was not required	were adopted by the incorporators without shareholder action and shareholder it.
Dated	2/16/2019
0:	re
Signatui	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	UZIEL CARPIO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)