P14000011227

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: ALCE CORP		
	BER: P14000017227		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing,	
Please return all corre	espondence concerning this ma	tter to the following:	
	CECILIA DE LA PUENTE		
		Name of Contact Perso	n
	ALCE CORP		
		Firm/ Company	- 4
	11871 SW 11 CT	r irin/ Company	
		Address	
	DAVIE FL 33325		
		City/ State and Zip Cod	e
alce	.baconsultants@gmail.com		
		sed for future annual report	notification)
			, , , , , , , , , , , , , , , , , , , ,
For further information	on concerning this matter, pleas	se cali:	
CECILIA DE LA PU	JENTE	at (754	2445142
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
	ailing Address		Address
	nendment Section vision of Corporations	Amendment Section Division of Corporations	
). Box 6327		n Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

71	 COL	` '

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P14000017227	, see the second department of the second se
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida 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 "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 ad	
new registered agent and/or the new registered office addre	
Name of New Registered Agent	y y
(Florida :	street address)
New Registered Office Address:	. Florida
New Acquirered Office Hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position
Signature of New	Registered Agent, if changing
	ter a contribution A animilativa

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; CE() = Chief Executive Officer; CF() = 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	RICARDO ORSI	11871 SW 11 CT DAVIE FL 3332
Add			
X Remove			
2) X Change	PT	CECILIA DE LA PUENTE	11871 SW 11 CT DAVIE FL 3332
Add			
Remove			
3) Change	<u>VP</u>	SUSANA V. RAMIREZ	11871 SW CT DAVIE FL 33325
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u>.</u>		
Pamaya			

Attach additional sheets, if necessary).	(Be specific)			
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75-U-1		4		
f an amendment provides for an excl	hange, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not containe	ed in the amendmen	itself:	
(y nor apprecione, material instru				
	<u> </u>			

	08/01/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	5/01/2017	
Effective date if applicable:	(no more than 90 days after amendment file d	
	(no more than 90 days after amenament fite ac	(He)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action an	d shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sha	archolder
08/01/20	017	
Dated		
c.		
Signature(By a	director, president or other officer – if directors or officers ha	ve not been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, of	
арро	inted fiduciary by that fiduciary)	
	CECILIA DE LA PUENTE	
	(Typed or printed name of person signing)	
	Prencient.	
	(Title of person signing)	