P14000051997

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GRUPO	ACCION TOTAL INC.
DOCUMENT NUMBER: P1400005199	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
PAOLA ANDREA	SILVA
	Name of Contact Person
GRUPO ACCION	TOTALINC
	Firm/ Company
3251 CORAL SPR	INGS DR.
	Address
CORAL SPRINGS	, FL 33065
	City/ State and Zip Code
piolosilva@cloud.com	
·	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
PAOLA ANDREA SILVA	at (9544710209)
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filin Certificate o	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

P14000051007			
		(Name	of Corporation as cu
GRUPO ACCION TO	TAL I	NC.,	
•	'	•	Articles

rrently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A. (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: PAOLA ANDREA SILVA Name of New Registered Agent (Florida street address) SAME New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	N/A.	_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		<u>-</u>		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				Married Application (Application)
Remove				

E. <u>If amer</u> (Attach	adding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A.	
	
 	
F. <u>If an a</u> ı	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provis</u> (i)	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: fnot applicable, indicate N/A)
N/A.	
	
	

	04/16/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"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 and shareholder	٠. لعو
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/16/20 Dated	16	
Dated		
Signature	Jule Dereget D	
	director, president or other officer - if directors or officers have not been	
	sted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	ANGELICA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	