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(((H19000125191 3)))



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Fax Number : (850)617-6380

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COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: ASHE IFA WA IN	С	
DOCUMENT NUM	BER: P14000060283		
		positive for Glina	****
	s of Amendment and fee are sul espondence concerning this mat		
riense retain an com	espondence codecrining and man	ter to the ronowing.	
	YOEL RICARDO NAVARR	o	
		Name of Contact Persor	
	ASHE IFA WA INC		
		Firm/ Company	
	430 SAN JUAN BLVD		
		Address	
	ORLANDO, FL 32807	.,	
		City/ State and Zip Code	;
••••	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	v vall.	
YOEL R NAVARRO	O	at (44,
Nапж	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed to a check (or the following amount made	payable to the Florida Depa	interior of State.
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

FILED

Articles of Incorporation of

Articles of Amendment 2019 APR 16 AH 9:51

ASHE IFA WA INC	AND CONTRACTOR OF THE CONTRACT
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P14000060283	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this 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 war "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the red office address;
Name of New Registered Agent	
· ····	(Florida street address)
New Registered Office Address:	, Florida
Mely Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing h	Registered Agent:
s nevery accept the appointment as registered agen	u. I am familiar with and accept the obligations of the postition.
<u> </u>	Signature of New Registered Agent, if changing

To: +18506176380

If amending the Officers and/or Directors, outer 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 = ChiefExecutive 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.

X Change	PI	John De	<u>ne</u>		
X Remove	Ϋ́	Mike Jo	ones .		
<u>X</u> Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address	
1)Change	VP	_	BORIS M NAVARRO PILETA	3302 NW 97 STREET	
XAdd				MIAMI, FL 33147	
Remove					
2) Change					
Add				<u> </u>	
Remove					
3) Change					
Add					
Remove					
4) Change				<u> </u>	
Add				 	
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·····
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

	04-15-19	
The date of each amendment(s) a	deption:	, if other than the
date this document was signed.		
	15-19	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date insorted in this bedocument's effective date on the De	plook does not meet the applicable statutory ning requirements, this dispartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment officient for approval.	.3)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, n	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sharehold	er
action was not required.	opted by the incorporators without shareholder action and shareholder	
04-15-19 Dated		
Signature	el K. Navarro	
	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 cou	ırt
арроі	nted fiduciary by that fiduciary)	
	YOEL R NAVARRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	