

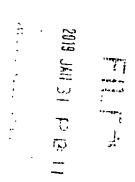
(F	Requestor's Name)	<u></u>
	Address)	
	Address)	
	City/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1)	Document Number)	
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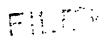
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DADE COUNTY	APPLIANCES CORP	_ <del></del>
DOCUMENT NUMB	ER: P14000070773		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		ROSIE SOSA	
•	<del></del>	Name of Contact Perso	n
		ROSIE'S OFFICE SERV	ICES INC.
•		Firm/ Company	
		5561 WEST 9 AVE	•
-		Address	
		HIALEAH FL 33012	
-		City/ State and Zip Cod	e
		rosiesosa5@yahoo.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ROSIE SOSA		305	825-1247
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Amei Divis	ing Address Indment Section It is in of Corporations Box 6327	Ameno Divisio	Address  Imment Section on of Corporations Building
	hassee, FL 32314		Executive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of



## DADE COUNTY APPLIANCES CORP

(Name of Cornoration as currently	v filed with the Florid Mentlot State) 1 16
P-14000070773	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
SAME	The new
name must be distinguishable and contain the word "corporation "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
3. Enter new principal office address, if applicable:	SAME
Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable:	SAME
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	
). If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent SAME	111
(Florida str	vet address)
(Florida str New Registered Office Address:	vet address) Florida

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 = Trustce; 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>	<u>John Doe</u>	
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) X Change	P	MARIO E FUNDORA	25 WEST 21 ST STE 2
Add	•		HIALEAH FL 33010
Remove			50% PROFIT
2) Change	V	DAMARIS PEREZ DE PINO	25 WEST 21 ST STE 2
			HIALEAH FL 33010
<u>X</u> Add			50% PROFIT
Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			101
6) Change			
Add			
Remove			

men deciment meets, y need step	). (Be specific)			
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an amendment provides for an e provisions for implementing the a	cchange, reclassificat	ion, or cancellation	of issued shares,	
)rovisions for implementing the a	<u>menament it not cont</u> )	amed in the amend	ment usen.	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

•	01/15/2019	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
	7/2019	
Effective date <u>if applicable</u> :	(150 more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
01/17/2019 Dated		
Signature <u>III</u>		
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	MARIO E FUNDORA	
	(Typed or printed name of person signing)	· · · · · ·
	PRESIDENT	
	(Title of person signing)	