## P14000073099

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2024 SEP 16 FH 2: 40



## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: AMERICA'S PRO	DUCTS DISTRIBUTOR I	NC			
	BER: P14000073099					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Olga L Cortes					
	Name of Contact Person					
	America's Products Distributor Inc					
		Firm/ Company	<del></del>			
	16200 Parallel Dr Ste 4					
		Address				
	Fort Myers, FL. 33913					
		City/ State and Zip Code	e			
	apdine2015@gmail.com					
		sed for future annual report	notification)			
		•				
For further information	on concerning this matter, plea	se call:				
Olga L Cortes		at (239	826-6465	5		
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AMERICA'S PRODUCTS DISTRIBUTOR INC		2021 0-
(Name of Corporation as	s currently filed with the Florida Dept. of State)	- COLT SEP 1
P14000073099		$\xi_{\frac{3}{2}i_{1}i_{2}i_{3}i_{3}i_{3}i_{3}i_{3}i_{3}i_{3}i_{3$
(Document )	Number of Corporation (if known)	MLLAR.
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the fol	llowing amendme
A. If amending name, enter the new name of the corpor	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 abbreviation	"Co". A professional corporation name must of	eviation "Corp.,' contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent		
<del></del>	Florida street address)	
New Registered Office Address:	(City) Florida	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am  Signature	ed Agent: familiar with and accept the obligations of the pos-	ition.
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addreş</u> s
1) Change	SECRE	รา —	Olga L Lombana Cortes	3307 Antica St
Add				Fort Myers, Fl 33905
X Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				<u> </u>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

	s, if necessary).	cles, enter change (Be specific)			
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lf an a	des for an excha	nge, reclassificat	tion, or cancellat	on of issued sha	res,
If an amendment provide provisions for implementations for impleme	enting the amen	dment if not con	iaineo in the ami		
If an amendment provious provisions for implementations (if not applicable, in	enting the amen	dment if not con	tained in the ami	nument usen:	
provisions for impleme	enting the amen	dment if not con	tained in the ami	nament usen:	
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provisions for impleme	enting the amen	dment if not con	tained in the ami	addition (type)	
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provisions for impleme	enting the amen	dment if not con	tained in the ami	adment itself:	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		OL 1
	(no more than 90 days after amendme	nt file date)
<b>Note:</b> If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cas sufficient for approval.	t for the amendment(s)
	pproved by the shareholders through voting groups.  or each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for appro	val
by	<u> </u>	
	(voting group)	<del>-</del>
09/10/20: Dated	24	
Signature /	Voo laur Firtis 9	
selec	director/president of other officer - if directors or of led, by an incorporator - if in the hands of a receiver, inted fiduciary by that fiduciary)	
	Olga L Cortes	
	(Typed or printed name of person signif	ng)
	President	
	(Title of person signing)	