## P14 0000 15279

Office Use Only



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JAN 2 7 2020 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: TRE COYDOYGLION  DOCUMENT NUMBER: P1400075279				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
RIMMUN (10 AV QUZ  Name of Contact Person  TRE COY OX AH ON  Firm/ Company  14200 SW 286 SH  Address  HOWPSHEAD, F1 33033  City/ State and Zip Code  C. YON 17 19 (100d). Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
No. 1 A 12 T				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

TIO ( ) ( )	of		
IRE CUY DUY O	HION		
(Name of Corporation as c	urrently filed with the Florida De	ept. of State)	
P140000	575279		
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i>	adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporat	tion:		
		The	new
name must be distinguishable and contain the word "corporat" lnc.," or Co.," or the designation "Corp," "Inc," or "Chartered," "professional association," or the abbreviation	Co". A professional corporation	d" or the abbreviation "Co name must contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			•
			<u> </u>
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the r	name of the	
	400.000		
Name of New Registered Agent			
T.D.	orida street address)		
·	ortan street aaw ess)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: amiliar with and accept the obligat	ions of the position.	19
			11 J
Signature o	f New Registered Agent, if changin		Cij
			. <del>"</del> - >

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 Doe V X Remove Mike Jones SV  $X ext{Add}$ Sally Smith Address Type of Action <u>Title</u> Name (Check One) Franklin Arauz 1) \_\_\_\_ Change X Add \_\_\_ Remove )Ohanna Mora 2) \_\_\_\_ Change Homestead F1 33 Remove 3 ) \_\_\_\_ Change \_ Add

۲.	lt amendin	g or	<u>adding</u>	additional	Articles,	enter	change(s)	<u>here</u> :

(Attach additional sheets,	, if necessary).	(Be specific)

- Raymendo Arguz (P) is to have 8	1000 OF COCONATO
- Franklin Arauz (VP) is to have 107	b of Aurphration
- 1010 con a 1000 (D) is to 1000 (D)	COLORDON
- Johanna Mora (D) is to have 102	of Corporation
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued share	res,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date,	

<b>Note:</b> If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
Dated 12 18 19	Ĵ
Signature	
(By a director, president or other officer – if directed, by an incorporator – if in the hands o	ectors or officers have not been
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
<u>Raymundo</u>	AYQUZ
(Typed or printed name of p	erson signing)
Draidant	

(Title of person signing)