## P14000086141

| (F                   | Requestor's Name)       |  |  |
|----------------------|-------------------------|--|--|
| (Address)            |                         |  |  |
| (/                   | Address)                |  |  |
| (0                   | City/State/Zip/Phone #) |  |  |
| PICK-UP              | ☐ WAIT ☐ MAIL           |  |  |
| <u> </u>             | Business Entity Name)   |  |  |
| - (1                 | Document Number)        |  |  |
| Certified Copies     | Certificates of Status  |  |  |
| Special Instructions | to Filing Officer:      |  |  |
|                      |                         |  |  |
|                      |                         |  |  |
|                      |                         |  |  |

Office Use Only



000289210210

08/18/16--01025--016 \*\*35.00





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: CAR   | PA DIA INC  |   |
|--|---|---|
| DOCUMENT NUMBER: P1400008  | 86141   |   |
| The enclosed Articles of Amendment   | and fee are submitted for filing  | 3.  |
| Please return all correspondence conce   | erning this matter to the follow  | ing:  |
| CARLOS ALV   | AREZ  |   |
|  | Name of Con   | tact Person   |
| CARPA DIA II   | NC INC  |   |
|  | Firm/ Co  | mpany   |
| 9938 NW 48 S   | FREET CIR   |   |
|  | Addr  | ess   |
| DORAL, FL 3  | 3178  |   |
| <del></del>  | City/ State an  | d Zip Code  |
| sygoservices@yahoo.  | .com  |   |
|  | ress: (to be used for future and  | nual report notification)   |
| i  | •   | • ,   |
| For further information concerning this  | s matter, please call:  |   |
| CARLOS ALVAREZ   | at (  | 50 4997016  |
| Name of Contact Perso  |   | Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following a  | mount made payable to the Fl  | orida Department of State:  |
|  | riling Fee & U\$43.75 Filing te of Status Certified Co (Additional cenclosed) | opy Certificate of Status   |
| Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | tions   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| CARPA DIA INC  |  |  |  |
|--|--|--|--|
| (Name  | of Corporation as curren                             | tly filed with the Florida Dept. of S                | itate)                                   |
| P14000086141   |  |  |  |
|  | (Document Number                                     | of Corporation (if known)                            |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, thi                         | s Florida Profit Corporation adopts                  | the following amendment(s) to            |
| A. If amending name, enter the new n   | ame of the corporation:                              |  |  |
|  |  |  | The new                                  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or                             | "Co". A professional corporation                     | l" or the abbreviation                   |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)            |  | 242 HAMON AVE  | • -                                      |
|  |  | SANTA ROSA BEACH FL 32                               | SANTA ROSA BEACH FL 32459                |
|  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |  | 242 HAMON AVE  |  |
|  |  | SANTA ROSA BEACH FL 32                               | 459                                      |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent              | w registered office addre                            |  | the .                                    |
|  | (Florida s   | treet address)                                       | <del></del>                              |
| N D 100 411  | 242 HAMON AVE SAN                                    | •  | 32459                                    |
| New Registered Office Address:   | (City)   |  | (Zip Code)                               |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist                                     | hanging Registered Agen<br>ered agent. I am familiar | i <b>t:</b><br>with and accept the obligations of th | se position.                             |
|  | -  | , , ,  | 5 15 15 15 15 15 15 15 15 15 15 15 15 15 |
|  |  |  | 6079<br>13                               |
|  | 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 Doe       |                           |
|-------------------------------|--------------|----------------|---------------------------|
| X Remove                      | <u>v</u>     | Mike Jones     |                           |
| X Add                         | <u>sv</u>    | Sally Smith    |                           |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s           |
| 1) X Change                   | P            | CARLOS ALVAREZ | 242 HAMON AVE             |
| Add                           |              |                | SANTA ROSA BEACH FL 32459 |
| Remove                        |              |                |                           |
| 2) Change                     |              | ·-             |                           |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 3) Change                     |              |                |                           |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 4) Change                     |              |                | ·                         |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 5) Change                     | <u></u>      |                |                           |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 6) Change                     |              |                |                           |
| _                             |              |                |                           |
| Add                           |              |                | ····                      |
| Remove                        |              |                |                           |

| ttach additional sheets, if necessary). | cles, enter change(s) here:  (Be specific)   |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <del></del>                             |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| an amendment provides for an exch       | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)       |  |

|  | 08/15/2016  |   |
|--|---|---|
| The date of each amendment                             |   | , if other than the                       |
| date this document was signed                          | •   |   |
| <b>7</b>   | 08/15/2016  |   |
| Effective date <u>if applicable</u> :                  | (no more than 90 days after amendment file da   | ite)                                      |
|  |   |   |
|  | this block does not meet the applicable statutory filing requirement be Department of State's records.                              | ents, this date will not be listed as the |
| Adoption of Amendment(s)                               | (CHECK ONE)   |   |
| The amendment(s) was/wer<br>by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the a ere sufficient for approval.                                     | mendment(s)                               |
|  | re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amenda |   |
| "The number of votes                                   | s cast for the amendment(s) was/were sufficient for approval  |   |
| by   | (voting group)  |   |
|  | (voting group)  |   |
| ☐ The amendment(s) was/wer action was not required.    | re adopted by the board of directors without shareholder action and   | d shareholder                             |
| ☐ The amendment(s) was/wer action was not required.    | re adopted by the incorporators without shareholder action and sha  | reholder                                  |
| 08/15<br>Dated   | /2016   |   |
| Signature _  |   |   |
| (B   | y a director, president or other officer - if directors or officers hav   | ve not been                               |
|  | elected, by an incorporator - if in the hands of a receiver, trustee, o   |   |
| ар   | ppointed fiduciary by that fiduciary)   |   |
|  | CARLOS ALVAREZ  |   |
|  | (Typed or printed name of person signing)   | _ <del></del>                             |
|  | PRESIDENT   |   |
|  | (Title of person signing)   | <del></del>                               |