P1400009984

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE OT VISION OF CORPORATIONS

C. Lewist

COVER LETTER

NAME OF CORPORATION: PARECA INC DOCUMENT NUMBER: P14000090984 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLARA RIVADENEIRA Name of Contact Person RIVADENEIRA & ASSOCIATES INC Firm/ Company 2742 SW 8 STREET #201 Address MIAMI FLORIDA 33135 City/ State and Zip Code RIVA@GATE.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CLARA RIVADENEIRA Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

■\$43.75 Filing Fee &

Certificate of Status

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

PARECA INC

of

11, NOV 17 PM 1:41

(Name of Corporation as currently filed with the Florida Dept. of State)

P1400099984	WOO WILL THE TA	riou Dept. or State		
(Document Number of	Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this F	lorida Profit Corporation add	opts the following	; amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	," "Inc," or "C	o". A professional corporat	rated" or the ab tion name must c	breviation ontain the
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>PRESS</u>)			
•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)			
	_		····	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	<u>ed office addres</u> of fice address:	s in Florida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		, Florida		
new negative a office fluid ess.	(City)	, 1101104	(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obligations	of the position.	
Signature of Ne	w Registered Age	ent, 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	REMIGIO PARENTE	17050 N.BAY ROAD #702
Add			SUNNY ISLES, FL FL
Remove			
2) Change	Р	RHORY PARENTE	17050N.BAY ROAD #702
✓ Add			SUNNY ISLES, FL 33160
Remove		·	
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)		
	·		
	_		
			
·			<u>-</u>
		<u> </u>	
			
	•		
f an amendment provides for an exch	inge, reclassification, or c	ancellation of issued s	nares,
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in	the amendment itself	•
·• · · · · · · · · · · · · · · · · · ·			

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment	t(s) adoption: 11-10-2014	JIAISION OF CORPORATIONS	, if other than the
date this document was signed	.	14 NOV 17 PH 1: 41	, if other than the
Effective date if applicable:	11-10-2014		
	(no more than 90	days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The rere sufficient for approval.	number of votes cast for the amendment(s)	
	re approved by the shareholders throu ed for each voting group entitled to vo	igh voting groups. The following statement of separately on the amendment(s):	
	s cast for the amendment(s) was/were		
by	(voting group)	*	
•	(voting group)		
Fhe amendment(s) was/wer action was not required.	re adopted by the board of directors w	vithout shareholder action and shareholder	
·	re adopted by the incorporators witho	ut shareholder action and shareholder	
Dated_11-1	0-2014		
Signature	William,	Bo James	
(B		r - if directors or officers have not been	
	elected, by an incorporator – if in the lopointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court	
	WILLIAM BUSTAMANT	E	
	(Typed or pri	nted name of person signing)	
	DIRECTOR & REGISTE	ERED AGENT	
	(Title	of person signing)	