## P150000000141

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## **COVER LETTER**

	COVER LETTER
TO A LAC W	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	DURACOL CORPORATION 6 3
DOCUMENT NUMBER:	P15000006141
The enclosed Articles of Amendment and fe	DURACOL CORPORATION P15000006141 are submitted for filing.
Please return all correspondence concerning	
(	DLGA ADRIANA MORENO
	Name of Contact Person
	WXC CORPORATION
<del></del>	Firm/ Company
8240	NW 52ND TERRACE SUITE 305
	Address
	DORAL, FL 33166
<del></del>	City/ State and Zip Code
IA.	MORENO@WXCCORP.COM
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter	r. please call:
OLGA ADRIANA MOR	ENO at 305 676-6576
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 □\$43.75 Filing I	
Certificate of S	tatus Certified Copy Certificate of Status (Additional copy is Certified Copy
	enclosed) (Additional Copy
	is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corperations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## DURACOL CORPORATION

D(	SKACOL CORPOR	ATION	
(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)	(
	P1500000614	11	
(Document N	umber of Corporation (if knows	1)	
arsuant to the provisions of section 697.100 Articles of Incorporation:	6, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the f	ollowing a
If amending name, enter the new name	of the corporation:		
			T
me must be distinguishable and contain 'orp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	on "Corp," "Inc," or "Co"	ompany," or "incorporated" of A professional corporation nam	r the abb
Enter new principal office address, if a rincipal office address MUST BE A STRI			
		<del>-</del>	
	<b>∥</b> . —		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)			
If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the	
-			
Name of New Registered Agent	<u></u>	<del></del>	
	(Florida street addı	·ess)	
New Registered Office Address:	11 (21)	, Florida	20.40
	(City)	(Zip C	.oae)
ew Registered Agent's Signature, if chan	  ging Registered Agent:		
hereby accept the appointment as registere	d agent. I am familiar with an	d accept the obligations of the pe	osition.
Signa	ture of New Registered Agent, i	f changing	
	11		

address of each Offic (Attach additional she Please note the officer, P = President; V= Vid Executive Officer; CF held, President, Treast Changes should be no a change, Mike Jones Mike Jones, V as Rema	er and/or D ets, if necess /director titl ce President O = Chief I urer, Directo ted in the for	virector being ary)  e by the first  T = Treasu  Tinancial Of the original or	g added:    letter of the office title:   rer; S = Secretary; D = Director;   ficer. If an officer/director holds   TD.   ner. Currently John Doe is listed   Sally Smith is named the V and S.	officer/director being removed and title, name, and  TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smitl	 <u> </u>  -	
Type of Action (Check One)	Title	<u>N</u>	ame	<u>Addres</u> s
1) Change	SD		URAN MONTOYA	CARRERA 45 # 44-21
Add			SILVIA V.	INT. 2 APT. 902
Remove				BOGOTA CO
2) Change	SD		  URAN MONTOYA	CARRERA 45 # 44-21
Add			DUARDO	INT. 2 APT. 902
Remove				BOGOTA CO
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ <u>-</u>		
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Re specific)
	<u> </u>
	<u> </u>
<u></u>	
<del></del>	<u>-  </u>
If an amendment provides for an excha	 ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del> </del>
	<u> </u>

	·	
The date of each amendment(s) adoption: _	08/30/2017	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	<u>ÍECK ONE</u> )	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	  shareholders. The number of votes cast for the amendment(s)  approval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	 ndment(s) was/were sufficient for approval 	
by		
(ve	ting group) 	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 08/30/20		
Signature _	The state of the s	
(By a director, pre- selected, by an inc	or other officer – if directors or officers have not been officer – if in the hands of a receiver, trustee, or other court	
appointed fiduciar	by that fiduciary)	
	EDUARDO DURAN PINILLA	
	(Typed or printed name of person signing)	_
	PRESIDENT	_
<del></del>	(Title of person signing)	<del>_</del>