9150001831

(Ře	questor's Name)	
(110	quodioi o riumo,	
(Ad	ldress)	
Ų 1.2		
(Ad	ldress)	
V	,	
(Cit	ty/State/Zip/Phone	= #\
(G.	.,	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
•	•	•
(Do	ocument Number)	
·	·	
Certified Copies	Certificates	s of Status
	_	
	F::: 0#	
Special Instructions to	Filing Officer:	

Office Use Only



900274724319

07/08/15--01005--008 **35.00

記 字 O D

And JUL 21 2015

K. WHITE



July 8, 2015

LORENA LIZARRALDE 4733 SW 143 AVE MIAMI, FL 33175

SUBJECT: ADRIANA DEL NOGAL INC

Ref. Number: P15000016931

We have received your document for ADRIANA DEL NOGAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

An officer/director must sign accepting the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 115A00014285





June 18, 2015

LORENA LIZARRALDE 4733 SW 143 AVE MIAMI, FL 33175

SUBJECT: ADRIANA DEL NOGAL INC

Ref. Number: P15000016931

We have received your document for ADRIANA DEL NOGAL INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 715A00012866



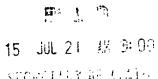
COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Adriana Del Nogal	Inc				
DOCUMENT NUMBER: P15000016931	· 	····			
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Lorena Lizarralde					
	Name of Contact Person				
Secure Accounting, Inc	Secure Accounting, Inc				
	Firm/ Company				
4733 SW 143 AVE	•				
	Address				
Miami, Fl 33175					
	City/ State and Zip Code)			
adridelnogal@hotmail.com					
	ed for future annual report	notification)			
,	•	,			
For further information concerning this matter, please	e call:				
Lorena Lizarralde	786	619-4149			
Name of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	seveble to the Elecide Done	rtmant of Ctata			
Enclosed is a check for the following amount made p	ayable to the Florida Depa	riment of State.			
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Market Address American ent Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to

to Articles of Incorporation of



Adriana Del Nogal Inc

		\$25.4.254.4 (see 1.54)	nga kuli mininta
(Name	of Corporation as curren	tly filed with the Florida Dept. of St.	ate) A
P15000016931		n t ‡	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	•		ne following amendment(
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation n	or the abbreviation
Th. Th		N/A	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
			
C. Enter new mailing address, if appli	icable:	N1/A	
(Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an			<u>1e</u>
new registered agent and/or the new	•	<u>is:</u>	
Name of New Registered Agent	Adriana Del Nogal		
	6498 NW 113 Place		
	(Florida s	treet address)	
New Registered Office Address:	Doral	. Floric	₁₂ 33178
New Negisiered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c			
hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the	position.
•			
~ / A \ :	1, 1,0	-1	
x nar	Signature of Nav	Registered Agent, if changing	
	Digitaliare Of Men	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 <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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Vanessa Atencio	6498 NW 113 Place
Add			Doral, FL 33178
X Remove			
2) Change	P	Adriana Del Nogal	6498 NW 113 Place
X Add			Doral, Fl 33178
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Pomovo			

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment		, if other than the
date this document was signed	06/05/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, thi he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareh	ol de r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	г
Dated	01/5/15	
Signature _	Jan Oken	
(I	By a director, president or other officer - if directors or officers have not be	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	court
	Vanessa Atencio	
	(Typed or printed name of person signing)	
	theordout-	
	(Title of person signing)	