

P15000022337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

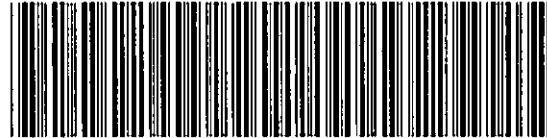
(Document Number)

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09/22/20--01007--025 4235.60 12.14



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2021 JAN 19 A 8:41

CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

Amend.  
01/20/21  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2020

EVANGELISTA DESA  
6175 NW 167TH ST.  
SUITE G6  
HIALEAH GARDENS, FL 33015

SUBJECT: COLEGA SERVICES, INC.  
Ref. Number: P15000022337

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 2 OF THE DOCUMENT, PLEASE CHECK THE BOX FOR EVANGELISTA DESA AS TO WHETHER THEY ARE BEING CHANGED, ADDED OR REMOVED FROM THE CORPORATION.

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 820A00022123

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Colega Services INC  
DOCUMENT NUMBER: P15000022337

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evangelista Desa  
Name of Contact Person  
Colega Services INC  
Firm/ Company  
6175 NW 167th St, Suite G6  
Address  
HIALEAH GARDENS FL 33015  
City/ State and Zip Code  
lanlansp@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evangelista Desa at ( 904 ) 572-2962  
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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Colega Services INC

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

P15000022337

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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**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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

| Type of Action<br>(Check One)              | Title    | Name                     | Address                   |
|--------------------------------------------|----------|--------------------------|---------------------------|
| 1) <input type="checkbox"/> Change         | <u>V</u> | <u>Ivan Soares de Sa</u> | <u>496 NE 54th Street</u> |
| <input type="checkbox"/> Add               |          |                          | <u>Ocala FL 34479</u>     |
| <input checked="" type="checkbox"/> Remove |          |                          |                           |
| 2) <input type="checkbox"/> Change         |          |                          |                           |
| <input type="checkbox"/> Add               |          |                          |                           |
| <input type="checkbox"/> Remove            |          |                          |                           |
| 3) <input type="checkbox"/> Change         |          |                          |                           |
| <input type="checkbox"/> Add               |          |                          |                           |
| <input type="checkbox"/> Remove            |          |                          |                           |
| 4) <input type="checkbox"/> Change         |          |                          |                           |
| <input type="checkbox"/> Add               |          |                          |                           |
| <input type="checkbox"/> Remove            |          |                          |                           |
| 5) <input type="checkbox"/> Change         |          |                          |                           |
| <input type="checkbox"/> Add               |          |                          |                           |
| <input type="checkbox"/> Remove            |          |                          |                           |
| 6) <input type="checkbox"/> Change         |          |                          |                           |
| <input type="checkbox"/> Add               |          |                          |                           |
| <input type="checkbox"/> Remove            |          |                          |                           |

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

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(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

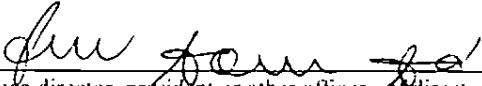
**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated 09/04/2020 \_\_\_\_\_

Signature  \_\_\_\_\_  
(By a director, president or other officer. If directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ivan Soares de Sa

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice president

\_\_\_\_\_  
(Title of person signing)