## P15000032051

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CCLOVER FREIO	GHT CORP	
DOCUMENT NUM	BER: P15000032051		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	MANUEL PRADAS		
	-	Name of Contact Perso	n
	GAM SERVICES		
		Firm/ Company	
	1820 N CORPORATE LAK	ES BLVD SUITE 206	
		Address	
	WESTON, FL, 33326		
		City/ State and Zip Cod	c
	mp.gamservices@gmail.com	ı	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
MANUEL PRADAS	<u> </u>	at (	2170223
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & 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)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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М		UVVIN	1-14 1-1		1 1 316 17

	v filed with the Florida Dept. of State)	
P15000032051		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fol	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbro professional corporation name must c	The new eviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		2020
C. Enter new mailing address, if applicable:		G. H
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		<u> </u>
		<u> </u>
		<del></del>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		Ü
Name of New Registered Agent		<del></del>
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(	City)	(Zip Code)
Name Descriptional Asserts Circuit and Cale and a Description of the		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the posi	ition.
•	, , , , ,	
<del></del>		
Signature of New Re	gistered Agent, if changing	

Check if applicable

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

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)

Example:

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.

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
I) Change	P	LUIGI CHIARELLO	1574 NW 82 AV
Add			DORAL, FL 33126
X Remove			22
2) Change	VP	ALEXANDRA CHIARELLO	1574 NW 82 AV 25 TV
Add			DORAL, FL 33126
X Remove 3.) Change	VP	JESSICA NASR	1574 NW 82 AV 2 -
Add			DORAL, FL 33126
X Remove			<u> </u>
4) Change	P	ALBERTO NASR	8254 NW 34 ST
X Add			DORAL, FL 33122
Remove			
3) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary) (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	75	-
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	1:2	
	27	

The date of each amendment(s) adoption date this document was signed.	on.	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date venent of State's records.	vill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	2020 1107 17
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	(S)
by		
	(voting group)	P
Dated	10,2020	1:27
Signature Konig	Sirples.	
	r. president or other officer - if directors or officers have not been	
	in incurporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
LUIC	5) CHIARELLO	
_	(Typed or printed name of person signing)	
PRES	SIDENT	

(Title of person signing)