

P 15000049510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

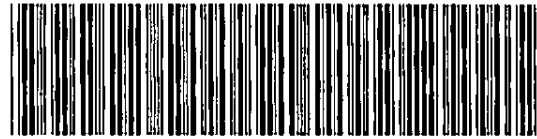
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302276427

08/14/17--01010--009 **35.00

S TALLENT

SEP 05 2017

Amend

FILED
17 SEP -1 AM 10:28
CLERK OF SUPERIOR COURT
JANUARY 10, 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

YOHAN GOMEZ, ESQ.
GONZALO PEREZ, JR., P.A.
7915 CORAL WAY
MAIMI, FL 33155

SUBJECT: GO PRINT ENTERPRISE, CORP
Ref. Number: P15000049510

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):

The date of adoption of each amendment must be included in the document.

PLEASE COMPLETE PAGE 4 OF 4 AND RETURN ONLY ONE PAGE.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00017098

RECEIVED
17 SEP -1 03 42 58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL 517A00017098

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GO PRINT ENTERPRISE, CORP

DOCUMENT NUMBER: P15000049510

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

Please return all correspondence concerning this matter to the following:

Yohan Gomez, Esq.

Name of Contact Person

Gonzalo Perez, Jr., P.A.

Firm/ Company

7915 CORAL WAY

Address

Miami, Florida, 33155

City/ State and Zip Code

ygoomez@gperezlaw.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Yohan Gomez, Esq.

Name of Contact Person

at (305) 265-8228

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 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)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

GO PRINT ENTERPRISE, CORP

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

P15000049510

(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 Silvia Paparoni
9808 Cypress Boulevard, Apt. 401
(Florida street address)

New Registered Office Address: Pompano Beach, Florida 33069
(City) (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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>TD</u>	<u>REINALDO J. PERERA</u>	<u>7531 SW 138 ST</u>
<input type="checkbox"/> Add			<u>PALMETTO BAY, FL 33158</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PSTD</u>	<u>SILVIA PAPARONI</u>	<u>9808 Cypress Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 401</u>
<input type="checkbox"/> Remove			<u>Pompano, FL 33069</u>
3) <input type="checkbox"/> Change	<u>PD</u>	<u>SYLVIA M. PERERA</u>	<u>7531 SW 138 ST</u>
<input type="checkbox"/> Add			<u>PALMETTO BAY, FL 33158</u>
<input checked="" 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			

E. If amending or adding additional Articles, enter change(s) here:

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

[illegible]

(Aug. 8, 2017)

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 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Aug 8, 2017

Signature Sylvia Paparoni

(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)

SILVIA PAPARONI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)