(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	ATION: AHERICA	1st Othica	Tue.	
DOCUMENT NUMB	ER: PIS 0000	65474		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	Arevaica 1s 6923 NW	Tesus Heenah Name of Contact Person T Choice I per Firm/ Company 77 th AUE Address L 33166 City/ State and Zip Code schee Hotmani.		
	E-mail address: (to be us	sch me Hotwail.	notification)	
For further information	concerning this matter, pleas	se call:		
RAMON de	Jesus Hernan	Sdez a1 (786) 445 - 2200 de & Daytime Telephone Number	
Name o	of Confact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made:	payable to the Florida Depa	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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
T.O. DOX 0527 Tallabaccon Fl 32312		2661 Executive Contex Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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Articles of A	
Articles of In	
A 1 C () T	
America 1st Choice In	tly filed with the Florida Dept. of State)
P1500006547	~>0 +
	of Corporation (if known)
	•
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corporation:	
V/A	The move
me must be distinguishable and contain the word "corporation", "Inc.," or Co.," or the designation "Corp.," "Inc.," or	on," "company," or "incorporated" or the abbreviation
xorp , the , or Co., or the designation Corp, the, or and "chartered," "professional association," or the abbreviation	
Enter new principal office address, if applicable:	H/A
rincipal office address MUST BE A STREET ADDRESS)	t
Enter new mailing address, if applicable:	1. / 4
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)	P/A
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	/^
Name of New Kegisterea Agent	
	peet address)
New Registered Office Address.	(City) , Florida (Zip Code)
	·
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent.—I am familiar	<u>t:</u> with and accent the abligations of the position
garana apprononista az exginieren agent. Gan jumuta	and the terms of the position.
υ / ₄ .	
	Registered Agent, if changing
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.

Evample: <u>X</u> Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s
1) Change	<u></u>	Jose A. Santana	6923 NW 77th Aug
X Add			Ni Aur FL- 33166
Remove			
2) Change	_ <u>V_</u>	IVAN GONZALOZ	6923 HW 77Th AUC WALL FL 33166.
Remove	1	Canlos R. Gonzaloz	
3) Change Add		CANGS K. CONZAUZ	6923 NW 77th AUQ Mikhui FL-33166.
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding addition</u> Attack <i>additional sheets, if nece</i>	ssary). (Be specif	ic)			
V/A					
(
					
			- -		
					
			······································		
		· · · · · ·			
					-
If an amendment provides for provisions for implementing	an exchange, recla	ssification, or can	cellation of issue	d shares,	
(if not applicable, indicate	ne amendment it ii · MA)	oi containea in th	ic amendment ny	<u>en:</u>	
P/A					
	·· ·	·			

The date of each amendment(s) adoption:	, if other than the
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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by	
☐ 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	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	