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(Re	questor's Name)	
(Add	dress)	
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(0)	JONAN TINE	- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TO: Amendment Section

Division of Corporations	مو به ۱۳۰۱ م
NAME OF CORPORATION: 07-10 DOCUMENT NUMBER: 47-470	n International Cor.
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Boutos Option 7950, Nu Mia E-mail address: (to be us	Name of Contact Person International (Opp Firm/ Company) 53x(1 Street - Suite 33) Address Address City/ State and Zip Code Otion William Company Address City/ State and Zip Code
For further information concerning this matter, pleas	se call:
Poutos Vousser Issue Name of Contact Person	at (786) 873 3899 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tatlahassee, 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

10	
Articles of Incorporation	
of	

Name of New Registered Agent (Florida standards) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	, Florida
(Florida si	City) . Florida
(Florida si	, Florida
(Florida si	treet address)
Name of New Registered Agent	
new registered agent and/or the new registered office addres	<u>is:</u>
D. If amending the registered agent and/or registered office add	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7435, NW 103rd PL Doral - FL - 33178
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7435, NW JO300 PL Doral - FL - 33178
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
A. If amending name, enter the new name of the corporation:	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
(Document Number	of Corporation (if known)
	1876 P150666 U5814
47-4709	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	CFC	<u>)</u>	Masia Aprisecida Issa	7435, NW JO310 PC
X Add			·	Doscu - FL - 33/178
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				<u> </u>
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or	dding additional Articles, enter change	e(s) here:	
(Attach additional	sheets, if necessary). (Be specific)		
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	-		
F. If an amendmer	t provides for an exchange, reclassifica	ition, or cancellation of issued	l shares.
provisions for	mplementing the amendment if not cor	ntained in the amendment itse	elf:
(if not appl	mplementing the amendment if not concable, indicate N/A)		
**			
	•		

The date of each amendment(s) adoption: 07 110 20	if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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)	
(voling group)	
Dated 07/10/2020	
Signature	
(By a director, president of 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)	
BOUTONS OUSSEE ISSU (Typed or printed name of person signing)	
(Title of source circuits)	
(Title of person signing)	