Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone

: (305)485-9300

Fax Number

: (305)485-1098

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN KF KEYLA FRANCISCO, CORP.

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CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

Electronic Filing Menu

Corporate Filing Menu

Help

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	1-1	(Name of Corpor	ation as currently	filed with the	Florida Dept	t. of State)	100	
		P151	1600071	469	**************************************			
	•	(Doi	cument Number of	Corporation (il	`known)			
Pursuant to the prices Articles of Inc		acction 607,1006, Flo	rida Statutes, this F	Iorida Profit (Corporation ac	depts the follo	wing amendr	nent(s) to
A. If amending	name, enter	the new name of the						
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"Corp., " "Inc., "	or Co.," or	le and contain the verthe designation "Contain association," or a	orp," "Inc." or "C	o". A profes:	" ar "Incorpo sional corport	prated" or th ation name m	e abbreviati ust contain t	on he
B. Enter new property (Principal office)	rincipal offic address <u>ML</u>	ce address, if applica STBE A STREET A	<u>ble:</u> DDRESS)					-
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		ed agent and/or regi d/or the new register			enter the pan	ng of the		-
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		S	gnature of New Re	gistered Agent	, if changing			

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CLARA GIRALDO P.A PAGE 183

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:

(Anach 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.

xample: XChange	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
I) Change			,
Add			
Remove			
2) Change			والمرابعة
Add			
Remove			
3) Change			
Add			,,,
Remove			
4) Change	<u></u>		
Add			To the property of the second
Remove			
5) Change			
Add			
Remove			
			7
6) Change		CLARA GIRALDO P.A.	
Add		4080 SW 84 AVE SUITE C MIAMI, FL 33155	
		(305) 485-9300	

an amendment provides for an exchange, reclussification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	shares,
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	shares,
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The date of each amendment(s) adoption:
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 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 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 cast for the amondment(s) was/were sufficient for approval
by
(witing 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.
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Signature Kaula transco
(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)
* KEYLA FRANCISCO
(Typed or printed name of person signing)