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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SEBORUCO INTI	ERNACIONAL INC	
	BER: P150000072350		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Leo de la Hoz		
	·1	Name of Contact Person	1
	Hoz & Co. Inc.		
		Firm/ Company	
	8180 NW 36 Street Suite 100	• •	
		Address	
	Doral, Florida 33166	, , , , , , , , , , , , , , , , , , , ,	
		City/ State and Zip Cod	
		City/ State and Zip Coo	
leo@	eodelahoz.com		/
	E-mail address: (to be us	sed for future annual report	notification)
Constitution in Commention	and the second s	r s andle	
For further information	concerning this matter, pleas	se can:	
Leo de la Hoz		305 at (599-1120
Name o	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SEBORUCO INTERNACIONAL, INC.				
(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)		
P15000072350				
(Document)	Number of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corp	poration adopts the follow	ing amen	idment(s) to
A. If amending name, enter the new name of the corpor	ration:			
			The	12.11.1
name must he distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	Inc," or "Co". A profession		ahhrevia	ation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)			_
				
C. Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		-		——————————————————————————————————————
			منت بر ۲۰	i 1771
			, Gi	T
				_
D. If amending the registered agent and/or registered o		er the name of the	\supset	
new registered agent and/or the new registered offic	ce adoress:			
Name of New Registered Agent			_	
			_	
	(Florida street address)			
New Registered Office Address:	-	, Florida		_
	(City)	(Zi _i	p Code)	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I am	familiar with and accept the	obligations of the position	I.	
Signature	a of Nan Ragistaryd Sagart if	chanaina	_	

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: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X Change	Р, Т	Nancy Haydee Contreras Medina	12205 SW 73 Avenue
Add			Pinecrest, Florida 33156
Remove			
2) X Change	VP, S	Maria Benilde Rosales Contreras	12205 SW 73 Ave
Add			Pinecrest, Florida 33156
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Parson.			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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)	
Correcting/changing the names of the director as shown on page 2.	
· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendmen		, if other than the
date this document was signed	- 08/28/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12/21	/2018	
Dated	77	
Signature _	auror month	
(I	By a director, president or other officer—if directors or officers have not be elected, by an incorporator—if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	Nancy Haydee Contreras Medina	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	