P15 0000 73 183

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Don Lopez Inc		
	IBER: P15000073183		· · · · · · · · · · · · · · · · · · ·
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Julio C Lopez		
		Name of Contact Person	1
	Don Lopez Inc		
		Firm/ Company	
	1305 Heather Lake Drive		
		Address	
	Orlando / Florida / 32824		
		City/ State and Zip Code	e
	donlopezinc@yahoo.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	. 840-3224
· · · · · · · · · · · · · · · · · · ·	of Contact Person		<u> </u>
	for the following amount made		de & Daytime Telephone Number
■ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Don Lopez Inc.			<u>.</u>
(Name of Corporation) P15000073183	n as currently filed with the	Florida Dept. of State)	
	ent Number of Corporation (if	known	
Pursuant to the provisions of section 607.1006. Florida 5 its Articles of Incorporation:		•	amendment(s) t
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "cor, "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
<u></u>		r	?
		, 5	?=
			Z D
C. Enter new mailing address, if applicable:	_		<u></u>
(Mailing address MAY BE A POST OFFICE BOX	<u></u> _		
			<u> </u>
			<u>t.</u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the	
Name of New Registered Agent		 	
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. 1	am familiar with and accept ti	ie obligations of the position.	
Sionate	ure of New Registered Agent,	if changing	
	m e sy iven riegmieren ngent, i	у спильнь	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> <u>John</u>	John Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
_X Add	SV Sally	y Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Garcia, Palomsky	1305 Heather Lake Drive	
Add			Orlando, Fl, 32824	
X Remove				
2) Change	Treasure	Gonzalez, Belkis	7 Liberty Sq Apt 811	
Add			Lynn, MA, 01901	
X Remove 3) Change	COO	Lopez, William	1305 Heather Lake Drive	
Add				
X Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

• • • • • • • • • • • • • • • • • • • •	(Be specific)				
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			<u>.</u>		
					
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f an amendment provides for an exc	hange, reclassificat	ion, or cancella	tion of issued sl	iares.	
nunciciona for implementante de la con-	endment if not con	tained in the an	endment itself:		
provisions for implementing the ame					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)	 		·		
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(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

	November 12, 2020	
I'he date of each amendment(s) ado	ption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirent artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the icient for approval.	amendment(s)
	ived by the shareholders through voting groups. The following the following group entitled to vote separately on the amend	~
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	•	
-,	(voting group)	
Dated	1/10 Nor, president or other officer – if directors or officers ha	
selected,	by an incorporator – if in the hands of a receiver, trustee, I fiduciary by that fiduciary)	or other court
_	Julio Lopez	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	