P15000019866

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:ORATION	ALES INC		
DOCUMENT NU	MBER: P15000079866			
	es of Amendment and fee are si			
Please return all cor	respondence concerning this ma	atter to the following:		
	ALBALUCIA FOLEY			
		Name of Contact Perse	at .	
	FOLEY FORENSIC ACCO	UNTING LLC		
		Firm/ Company		
	3960 RADIO RD STE 202			
		Address		
	NAPLES FL 34104			
		City State and Zip Coc	te	
info	o@foleyforensicaceg.com			
	E-mail address: (to be u	sed for future annual repor	t notification)	
For further informat	ion concerning this matter, plea	se call:		
Albalucia Foley		239 at () 300-6060 ode & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number	
Englosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
535 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street	Address	
	nendment Section vision of Corporations		dment Section	
	O. Box 6327	Division of Corporations Clitton Building 2001 Executive Center Circle		
Ta	Illahassee, FL 32314			

Taitahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Į	IN I	1	NE	A	U	Γ O	SA	1155	INC

TO LINE ACTO SALES INC		
(Name of Corporation as curren	tly filed with the Florida Dept. c	of State)
P15000079866		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adop	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		_
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association." or the abbreviation	"Co". A projessional corporation	
B. Enter new principal office address, if applicable:	3930 GREEN BLVD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES FL 34116	2018
		E B TI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3930 GREEN BLVD	五二二
	NAPLES FL 34116	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		. .
Name of New Registered Agent		
(E)i.	neer address)	
retoria s	rrect Jadressi	
New Registered Office Address:	Н	dorida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am jamilian		of the position.
Signature of New	Registered Agent, if changing	
organian of the	regions of regent, if counging	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Junes	
X Add	$\underline{S}\underline{V}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	N <u>ame</u>	<u>Addres</u> s
1) Change	Р	ADRIAN BETANCOURT ORTGEG A	3930 GREEN BLVD
X Add			NAPLES FL 34116
Remove			
2) Change	VP	ODET MENDEZ ALEMAN	3930 GREEN BLVD
X Add			NAPLES FL 34116
Remove			<u></u>
3) Change			
Add			
Remove			
4) Change	* ** * **********		
Add			
Remove			
5) Change			
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
RESIDENT ADRIAN BATANCOURT ORTEGA	
ODET MENDEZ ALEMAN	
~- · · · · · · · · · · · · · · · · · · ·	
	 -
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)	
	
	

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	10-01-2018	
	(no more than 96 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this data he Department of State's records	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote:	s cast for the amendment(s) was were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DatedSignature	10-1-18 Cleerle P.A.	
(I se	By a director, president or other officer—it directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Advisor Betoncourt	\supset
	(Typed or printed name of person signing)	
	(Title of person signing)	

ROX