P15000083062

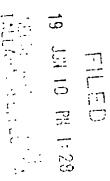
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JUN 2 2 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hortence	ia Corp
DOCUMENT NUMBER: <u>P1500008</u>	3062
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Ernest	o Gamboa Name of Contact Person
	rica Corp Firm/Company
<u></u>	JW 5th St Apt. 12D
Miani,	FL 33 12 C City/ State and Zip Code
E-mail address: (to be ase	mbca 90 Damail. Com d for future annual report notification)
For further information concerning this matter, please	call:
Ernesto Gamboa Name of Contact Person	at (786) 444-9418 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made po	
S35 Filing Fee S43.75 Filing Fee See Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Hortencia Con	re
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1500008306	,2
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	SLOI NW 5th ST Apt 120
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Migmi, FR 33126
	MICHAL TC SSTAR
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA Total
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	28
(Florida street	address)
New Registered Office Address:	, Florida
ıC	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
A11A	
Signature of New Reg	istered Agent, if changing

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Danis Javier Alonso	18630 SW 97th PL
_XAdd			Miami, FL 3315
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional A nal sheets, if necessary). (Be specific)			
		NIA			
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<u>f an amendme</u> orovisions for	nt provides for an ex- implementing the an	<u>change, reclassific:</u> rendment if not co	ation, or cancellat	<u>ion of issued shar</u> Indment itself:	<u>es,</u>
(if not app	licable, indicate N/A)	THE THE TOTAL OF	and the ann		
	NIA				
			· ·		
		 -			
					
					

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	NIA	
enective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen flicient for approval.	ıt(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_	5-07-2019-	
Signature	On the second	
	rector, president or other officer - if directors or officers have not been	
	 by an incorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary) 	urt
	Ernesta Gambon Morales	
•	Ernesta Gamboa Movales (Typed or printed name of person signing)	
	President	
•	(Title of person signing)	