P16000006429

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COVER LETTER

TO: Amendment Section **Division of Corporations** Abundanza Production Inc. NAME OF CORPORATION: P16000006429 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susana Fajardo Name of Contact Person Firm/ Company 95 NW 30th Ave Address Miami, FL 33125 City/ State and Zip Code lasurena@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susana Fajardo 786 916-0389 Name of Contact Person Area Code & Daytime Telephone Number

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

S52.50 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

· · · · · · · · · · · · · · · · · · ·	rrently filed with the Flor	rida Dept. of State)	
P16000006429			
(Document Nun	nber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	oration adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation	on:		
N/A		77112	e new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corpo	porated" or the abbreviation "(Corp., "
	N/A	20	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
,,		<u> </u>	•
		27	••
		PH	 .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	سنـ —و	جست گوين
		(*)	<u></u> >
	-		
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ad		er the name of the	
N/A	141.635		
Name of New Registered Agent			
(Flor	rida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered 2	Agent:		
I hereby accept the appointment as registered agent. I am fum		obligations of the position.	

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)

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	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	VP	Rodolfo Jaspe	95 NW 30th Ave
1) Change			Miami, FL 33125
Add X			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A						
	·					
	<u> </u>					· <u>-</u>
						
						
			<u> </u>			 -
						<u> </u>
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		· · · · ·	.			
						
F. <u>If an ame</u>	endment provides for an e	xchange, reclassifi	cation, or cancel	lation of issued s	hares,	
(if n N/A	not applicable, indicate N/A)	ontained in the a	mendinene Ksen	<u>·</u>	
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06/30/2020

date this document was signed. June	option:, if other than the
Effective date <u>if applicable</u> :	
in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	
· 	(voting group)
07/22/2020	
Dated	
Signature	
(By a dir selected appointe	bector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary) Susana Fajardo A yped or printed name of person signing) Prusident

(Title of person signing)