

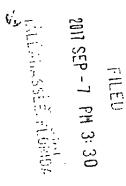
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800303304458

09/07/17--01011--001 \*\*35.00



C. GOLDEN SEP 1 3 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOS COMPADRES	S&A INC
DOCUMENT NUMBER: P1600	0021591
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Dr kado, F	Name of Contact Person  Sees Scal A Inc  Firm/ Company  Address  32822  City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 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  Clifton Building  2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

FILED

	of	2017 SEP - 7 PM 3
LOS Compad.		
(Name of Co	orporation as currently filed with the Florida Dep	et of State) (all at /a site. III)
P160000215	S/	ist of state)
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	o. Florida Statutes, this <i>Florida Profit Corporation</i> a	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation," "company," or "incorp n "Corp," "Inc," or "Co". A professional corpor " or the abbreviation "P.A."	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		<del></del>
		<del></del>
		- <del></del>
C. Enter new mailing address, if applicable	e:	
(Mailing address MAY BE A POST OFF	ICE BOX)	
		<del>-</del>
		<del></del>
D. If amending the registered agent and/or new registered agent and/or the new res	registered office address in Florida, enter the na vistered office address:	me of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ing Projetored Least	
hereby accept the appointment as registered	agent. I am familiar with and accept the obligation	as of the position.
		•
	Signature of New Registered Agent, if changing	
	the state of the 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.

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)	Title	<u>Name</u>	<u>Address</u>
1) Change	VP	ELIAS ABREU RIVERA	2029 S SEMORAN BLVD
Add			ORLANDO, FL 32822
X Remove			
2) Change			
Add			
Remove			
3 ) Change		<del></del>	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	<del>,</del>		
		-		
			<u>_</u>	
		<del> </del>		
If an amendment provides for an exch	ange, reclassificati	on, or cancellation	n of issued shares	
provisions for implementing the amer	adment if not conta	ined in the amen	lment itself:	-
(if not applicable, indicate N/A)				
		<u> </u>		<del></del>
·		-	<del></del>	

	06/20/2017	
The date of each amendment(s) a date this document was signed.	adoption;	if other than
	20/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the Γ	block does not meet the applicable statutory filing requirements, this date we bepartment of State's records.	fill not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/20/201 Dated	7	. •
Signature	any son	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	TOMAS SOSA	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	

the

the