P16000021591

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LOS COMPADRE	S S&A INC		
	1BER: P16000021591			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	TOMAS SOSA			
	<u> </u>	Name of Contact Person	n	
	LOS COMPADRES S&A IN	IC		
		Firm/ Company		
	1999 S SEMORAN BLVD	Time Company		
	 	Address		
	ORLANDO, FL 32822			
		City/ State and Zip Cod	e	
	tomassosa777@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
	ion concerning this matter, pleas		460.7060	
lomas sosa		at (321		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
t a	Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Ī	AS.	CON	AP A	DRES	2.52	INC

	ot		17 11 11 17
LOS COMPADRES S&A INC			<u> </u>
(Name of Corpo	ration as currently	filed with the Flor	rida Dept. of State)
P16000021591			
(De	ocument Number of	Corporation (if kno	wn)
Pursuant to the provisions of section 607,1006. Flo its Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpo	pration adopts the following amendment(s
A. If amending name, enter the new name of the	ne corporation;		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "i "chartered," "professional association," or the a	Inc," or "Co". A	ompany," or "incorp professional corpo	porated" or the abbreviation "Corp"
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)		
). If amending the registered agent and/or reg new registered agent and/or the new registe	istered office addre red office address:	ess in Florida, ente	r the name of the
Name of New Registered Agent			
	(Florida stre	et address)	
New Registered Office Address:			, Florida
	(1	Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age.	Registered Agent: nt. I am familiar w	ith and accept the o	hligations of the position.
<u></u>	Signature of New Re	gistered Agent, if ch	tanging
Check if applicable			W 19

☐ 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>	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	<u>Addres</u> s
1) Change	VP	FELICIANA JOSE IGNORA	1999 S SEMORAN BLVD
XAdd			STE A
Remove			ORLANDO, FL 32822
2) Change	S	ALONDRA SOSA	1999 S SEMORAN BLVD
$\frac{X}{X}$ Add			STE A
Remove 3) Change			ORLANDO, FL 32822
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
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an amendment	provides for an exc	hange, reclassificat	tion, or cancellation	of issued shares,	
<u>provisions for</u> if	nplementing the amo	endment 11 not con	tained in the amend	ment itself:	
tif not analie	anne, matetae (vz4)				
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date this document was signed.	loption:, if other than t
1 1/2	7/2020
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as t partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
11/27/2020	
Dated	
Signatur	in sou
(By a di selected	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	TOMAS SOSA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)