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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PETS2GO INTER	NATIONAL . INC D/B/A (	CONQUISTADOR MANAG	
DOCUMENT NUMB	ENT NUMBER: P16000024062			
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
		Angelina Maria Cortez		
-	Name of Contact Person			
ı	PETS2GO INTERNATIONAL, INC. D/B/A CONQUISTADOR MANAGEMENT GR			
-	Firm/ Company			
	1 ANDREW DRIVE			
-	Address			
	STOCKBRIDGE, GEORGIA 30281			
- -		City/ State and Zip Code	2	
		ANGELINA@PETS2GOJ	·ET	
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea-	se call:		
ANGELINA	MARIA CORTEZ	305 at (	340-7506	
Name of Contact Person			/ de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303		

## Articles of Amendment to Articles of Incorporation

of

## PETS2GO INTERNATIONAL INC. D/B/A CONQUISTADOR MANAGEMENT GROUP

(Name of	Corporation as currer	tly filed with the Florida D	ept. of State)
	P16000	024062	•
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, th	s Florida Profit Corporation	radopts the following amendmen
A. If amending name, enter the new nam	ne of the corporation:		
N/A			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		801 BRICKELL AVE	
(Principal office address <u>MUST BE A STI</u>		8TH FLOOR	
		MIAMI, FLORIDA 33131	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		LANDREW DRIVE	
		STOCKBRIDGE, GEORGIA 30281	
D. If amending the registered agent and new registered agent and/or the new registered agent age	registered office addre	<u>w:</u>	name of the
Name of New Registered Agent	ANGELINA MARIA CORTEZ		
86	01 BRICKELL AVE 8T	H FLOOR MIAMI FLORID	A 33131
_	(Florida street oddress)		<del></del> _
New Registered Office Address:	**************************************		
		(City)	(Zip Code)
			, , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if cha			
Thereby accept the appointment as register	ed agent Lam familiar	with and accept the obligati	ons of the position.
	Signature of New	Registered Agent, if changing	ν.
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)

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.

$\underline{X}$ Change	<u>EL</u> To	ohn Doe	
X Remove	<u>V</u> <u>M</u>	Aike Jones	
X Add	<u>SV</u> <u>\$3</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>COO</u>	DANIELLE RAYFORD	5364 CEDARVILLE CT HAYMAR Ket
Add X			VA 2011e9
A Remove 2) Change			
Add			
Remove 3 ) Change			
_ Add			
_ Remove			-
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change Add			
Remove			

	(additional sheets, if necessary). (Be specific)
N/A	
_	
∴ <u>If an a</u> nrovi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
( )	f not applicable, indicate N/A)
N/A	
·	
<del></del>	

	J	ULY 1, 2020	
The date of each amendment(s) a date this document was signed.			, if other than
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		statutory filing requirements, th	is date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or boar	d of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st		mber of votes east for the amendo	ient(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through cach voting group entitled to vote		uement
"The number of votes east	for the amendment(s) was/were st	ifficient for approval	
by	2	,"	
,	(voting group)		
Dated Signature <u>(By</u> (By a d		of aut	
	ed fiduciary by that fiduciary)	that of a receiver, that ye, or other	COM
	BY: Angelina Maria Cortez, Auth	orized Representative	
	(Typed or printed nam	e of person signing)	
	CEO/Founder		
	(Title of person signing	2)	

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