Pluctua53do

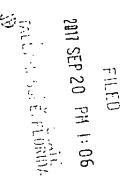
(Ke	questor's Name)	
(Ad	dress)	
_ (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
		!

Office Use Only



800303574718

09/20/17--01013--011 **35.00



C. GOLDEN SEP 2 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

	TION: ZOYOLY C R: P/6000 Amendment and fee are su	0 = 0 0 0 0	P.A.
Please return all correspo	ondence concerning this ma	ter to the following:	
_	Zorayda	Gallardo Name of Contact Person	
	3624 Wea- Kissimmer Zorayda Ø	Addiess	16
	oncerning this matter, pleas	e call:	, 506 - 526 O de & Daytime Telephone Number
Name of (Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depar	rtment of State:
S35 Filing Fee	□S43.75 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)
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 issee, FL 32314	Amendi Division Clifton	Address nent Section 1 of Corporations Building Recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

of

6

Zorayda Siria P.A	2017 SEP 20 PM 1: 06
(Name of Corporation as current)	v filed with the Florida Dept. of State) Value State
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Zorayda Gallardo P.1	Δ .
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association." or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3624 Weather field Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	3624 Weather field Dr Kissimmee, FL. 34746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	
Signature of New R	egistered 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.

Example: X.Change	<u> PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			.,
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
- ***	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate NA)	

The date of each amendment(s) adoption:	, if other than the
·	
Effective date <u>if applicable</u> : (no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes caby the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on the separately of the separate	The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appli	roval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Dated 9/18/17	
Signature Of the Signature	<u></u>
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive	
appointed fiduciary by that fiduciary)	1. trustee, or other court
Zorayda Gallarda	
Zorayda Gallardo (Typed or printed name of person sign	
Manager Partne (Title of person signing)	r. President
(Title of person signing)	