P16000037867

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2020. - 7 ATH: 59

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: reversion, Inc. 13175 SW124 Ave Miceron, F). 33181 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: X \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

Articles of inco	rporation
Pava	rech, Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 1/2000	20.37867
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	Iorida Profit Corporation 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 the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. 10 . 10 . 10 . 10 . 10 . 10 . 10 . 10	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
<u> </u>	
Name of New Registered Agent Och C	Cross
3476 S (Florida street	W124 Ave
New Registered Office Address: Miami	Florida 33166 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	
Signature of New Reg	istered Agent, if changing

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.

X Change	<u>PT</u> <u>Joh</u> i	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Juson Barket	13175 SW124AUE
Add			Miams, F1.3318
Remove 2) Change	PT	Jorge Pernas	13176 SW124AVE
Add Remove Change	VP,S	Phonas Headle,	Miami, F133186 13175_SW124AV
Add		/	_ Miouni, F1.33180
Remove			
4)Change			
Add			
Remove			
5) Change	· ** • • • **		
Add			
Remove			
6) Change	******		
Add			
Remove			

Attach additional sheets,	dditional Articles, enter cha if necessary). (Be specific)			
				
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an amendment provide	s for an exchange, reclassific	cation or appeallation.	ofingual deserv	
ovisions for implemen	Cing the amendment if not co	ontained in the amendr	ment itself:	
(if not applicable, ind	icate N/A)			
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The date of each amendment(s) adoption: 7 30 2020	, if other than the
date this document was signed.	
Effective date if applicable: 7 30 /2020	
(no more thah 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
hy(voting group)	
Dated × 7/31/2020	
Signature X A	
(By a director, president or other officer - if directors or officers have not l	been
selected, by an incorporator – if in the hands of a receiver, trustee, or other	r court
appointed fiduciary by that fiduciary)	
(Typed or Frinted name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	