

10/18/2017

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : INREP, LLC  
Account Number : I20170000048  
Phone : (754)333-1797  
Fax Number : (954)301-0210

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INREP101@OUTLOOK.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
COHLISA PRODUCTS INTERNATIONAL INC**

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COHLISA PRODUCTS INTERNATIONAL INCDOCUMENT NUMBER: P16000073197The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

MARTIN REYES

Name of Contact Person

INREP, LLC

Firm/ Company

7871 NW 11TH ST

Address

PLANTATION, FL 33322

City/ State and Zip Code

INREP101@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY C AMADOR SOTO

Name of Contact Person

at ( 561 )932-5658

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

850-617-6381

10/20/2017 9:38:15 AM PAGE 1/001 Fax Server



October 20, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COHLISA PRODUCTS INTERNATIONAL INC  
1001 13TH AVE S  
LAKE WORTH, FL 33460US

SUBJECT: COHLISA PRODUCTS INTERNATIONAL INC  
REF: P16000073197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME CHANGE READS AS COILISA PRODUCTS INC. IS THIS CORRECT? PLEASE NOTE THAT ON THE NAME SCARLETH, IT APPEARS AS SCARLETH. PLEASE ADJUST THE "H" ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H17000275257  
Letter Number: 217A00021191

Articles of Amendment  
to  
Articles of Incorporation  
of

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COHLISA PRODUCTS INTERNATIONAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000073197

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

COHLISA PRODUCTS INC.

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

2425 2ND AVE N

STE 20

LAKE WORTH FL 33461

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

2425 2ND AVE N

STE 20

LAKE WORTH FL 33461

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>MARY C AMADOR SOTO</u>	<u>2425 2ND AVE N STE 20</u>
<input type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>CESAR ALFONSO PEREZ LOPEZ</u>	<u>2425 2ND AVE N STE 20</u>
<input checked="" type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>CARLOS JAVIER AMADOR SOTC</u>	<u>2425 2ND AVE N STE 20</u>
<input type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>SCARLETH AMADOR</u>	<u>2425 2ND AVE N STE 20</u>
<input type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>ELIDA ROSA SOTO</u>	<u>2425 2ND AVE N STE 20</u>
<input type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>S</u>	<u>ALEXANDER PEREZ LOPEZ</u>	<u>2425 2ND AVE N STE 20</u>
<input checked="" type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input type="checkbox"/> Remove			

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:

☒ Change      PT      John Doe  
  
☐ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>MARTHA LORENA AMADOR</u>	<u>2425 2ND AVE N STE 20</u>
<input checked="" type="checkbox"/> Add			<u>LAKE WORTH FL 33461</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



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The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 \_\_\_\_\_  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/18/2017

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mary Concepción Amador Soto  
(Typed or printed name of person signing)

President  
(Title of person signing)