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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: <u>UBEYFIND AVESTMENT CORP</u> DOCUMENT NUMBER: <u>P16000098263</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
A. Pestano Name of Contact Person BSS N Firm/ Company H612 N. H1ATUS Rd Address Surise F. 33351 City/ State and Zip Code tony, pestano @ bssnysa.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
A, Pestavo at (954) 578-60 Name of Contact Person Area Code & Daytime Telephone	Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Sectificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Sectified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

Articles of Amendment

to

Articles of Incorporation

Corporation as currently filed with the Florida Dept. of State) (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) t its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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

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.

	e, ana sauy smun, sv as an Aaa.	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P GLOVIA E. MUNOZ	
Add /_ Remove		OCALA R 34474
2) Change	VP Carlo J. Gomez Avans	0 5375 CEMUZ A
Add	CATION ST GENET THE	OCALA FE BYTH
Remove	VP MICAELA GOMET Aranco	
3) Change Add	VP MICAELA GOMET Army	Ocala RE 24474
Remove		
4) Change	VP Isabella GOMEZ Arrango	5325 Sw 40 A.
Add Remove		Ocola FL 34474
5) Change	P Camilo Gomez	5325 Sio 42 PL
_ Add		Ocala Fr. 34474
Remove		
6) Change		
Add		
Remove		

 If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 	
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The an amandment provides for an avahance replacification or concellation of issued charge	19 AUG SEUNEY ALL VEY
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	1.5
(if not applicable, indicate N/A)	30
	5: 4 0810
	— <u>Ş</u> —2—
	·

	doption:	, if other tha
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	8/22/19	
		<i>?</i>
Signature (By a	director, president or other officer – if directors or officers have not been	· 9
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	है है
арроі	nted fiduciary by that fiduciary)	30
	7	•
	Camila Gonez	
	(Typed or printed name of person signing)	ن ن
	(Typed or printed name of person signing)	5: 42
	(Title of person signing)	