

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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2018 AUG 24 PM 3: 01 SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Carlitos Serino Inc:
DOCUMENT NUMBER: P 17 0000 7405
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company
29020 SW 152 CM
Homerlead FL 33033
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Contact Person at (305) 753 - 2220 Area Code & Daytine Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

3:01

Calitas Service	o Anc. 2018 AUG 24 PM 3:
(Name of Corporation as currently	7405 TALLAHASSEE, F
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sanl
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the
(Florida spe	El address)

New Registered Office Address:

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

(CitV)

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, Alike Jones V as Remove, and Sally Smith. SV as an Add.

	e, ana sa	11, 5,711,71, 63 07 1300.			
Example: XChange	PT	John Doe			
X Remove	<u>V</u>	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	_	P Jose v	Rodugus	Homeshad F1	₂ € La5 33030
Add Remove					
2) Change			<u></u>		
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

tach <i>additional sheets, if n</i>	tional Articles, enter cha ecessary). (Be specific)				
					
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an amendment provides	for an exchange, reclassing the amendment if not	contained in the	mendment itself:	iares,	
(if not applicable, indic	rate N/A)				
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		14.7			

The date of each amendment(s) adoption:	8-31-18	, if other than the
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 block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes cast for the amendme approval.	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting t	e shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amend	ndment(s) was/were sufficient for approval	
by		
	ing group)	
☐ The amendment(s) was/were adopted by the b action was not required.	board of directors without shareholder action and shareho	older
The amendment(s) was/were adopted by the in action was not required.	incorporators without shareholder action and shareholder	
Dated8-21	- 18	
7		
Signature (Pyra de tor presi	ident or other officer – if directors or officers have not be	 en
	orporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary		
	Juan A. Flores	
(*	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	