

P17000008142

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 : MIAMI BUSINESS SOLUTIONS, INC.  
Account Number : I20170000045  
Phone : (786)546-4490  
Fax Number : (800)323-1074

R. VAIL  
OCT 2 2004

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

Email Address: eduardo\_mirales@hotmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PC WORLD EXPERTS INC**

|                       |         |
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PC WORLD EXPERTS INC

DOCUMENT NUMBER: P17000008142

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO MIRALLES

Name of Contact Person

MBS INC

Firm/ Company

1845 EAST WEST PKWY STE 9

Address

FLEMING ISLAND, FL 32003

City/ State and Zip Code

EDUARDO\_MIRALLES@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO MIRALLES

at ( 786 ) 546-4490

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:

☒ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of  
PC WORLD EXPERTS INC

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

P17000008142

(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:

*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)*

10545 NW 29TH TERRACE

DORAL, FL 33172

C. Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

10545 NW 29TH TERRACE

DORAL, FL 33172

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)

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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         | PSD | JORGE E VERNAZZA | 10545 NW 29TH TERRACE       |
| <input checked="" type="checkbox"/> Add    |     |                  | DORAL, FL 33172             |
| <input type="checkbox"/> Remove            |     |                  | 1651 SANDY SPRINGS DR STE A |
| 2) <input type="checkbox"/> Change         | PSD | NATALIA SALAS    | FLEMING ISLE, FL 32003      |
| <input type="checkbox"/> Add               |     |                  |                             |
| <input checked="" 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            |     |                  |                             |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

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 incorporators, or board of directors without shareholder action and shareholder action is not required.

☐ 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)

Dated OCTOBER 15TH 2020

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)

JORGE E VERNAZZA

(Typed or printed name of person signing)

-PRESIDENT

(Title of person signing)