P17000013793

(Requesto	or's Name)	
(6.17)		
(Address)	1	
(Address)	 -	
(City/State	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Business	Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer;	





300304436983

10/13/17--01012--613 **35.06

7817 OCT 13 AH 10: 60



COVER LETTER

Tallahassee, FL 32314

		COVER LETTER		TOC 13 Mary
TO: Amendment Sec Division of Cor				
NAME OF CORPO	DRATION:BREEZCODE CC	ORP		13 A
DOCUMENT NUN				6.
	s of Amendment and fee are st			
Please return all corr	espondence concerning this ma	atter to the following:		
	LUIS A MUNOZ PARRA			
		Name of Contact Perso	n	
	BREEZCODE CORP			
		Firm/ Company		
	4010 OAK LANDING DR			
		Address		
	DAVIE / FL, 33314			
		City/ State and Zip Cod	e	
dire	ctiva@breezcode.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call;		
LUIS A MUNOZ PA	ARRA	at (305	8909853	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	 -
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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)	
An Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amenc Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RREEZCODE CORP

arnaration as surran		
orporation as curren	tly filed with the Florida Dept. of State)	The state of
		4
(Document Number	of Corporation (if known)	
06, Florida Statutes, this	s Florida Profit Corporation adopts the following ar	mendment(s) t
of the corporation:		
	77	ie new
on "Corp." "Inc." or	ion," "company," or "incorporated" or the abbr. "Co". A professional corporation name must con	eviation
policable:	N/A	
	N/A	
FICE BOX)		
r registered office add	dress in Florida, enter the name of the	
gistered office addres	58:	
/A		
/A		
73		
	treet address)	
	treet address) . Florida	
	of the corporation: the word "corporation" the word "corporation" "Corp." "Inc." or "or the abbreviation pplicable: EET ADDRESS)	the word "corporation," "company," or "incorporated" or the abbre on "Corp," "Inc," or "Co". A professional corporation name must con a," or the abbreviation "P.A." N/A

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: X. Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TD	MUNOZ, LUIS	CALLE 2,RES. LA FONTANA,P.
Add X Remove			CARACAS, MI 1081 VE
2) Change	TD	MUNOZ PARRA, LUIS A	4010 OAK LANDING Dr
X Add			DAVIE, FL 33314
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	
Add			-
Remove			

(Attach additional sheets, if necessary).	(Be specific)
/A	·
····	
If an amendment provides for an eyel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	
provisions for implementing the ame	State of the Contained in the Interest to Chi
provisions for implementing the ame (if not applicable, indicate N/A)	A COMMING OF THE PROPERTY ASSESSMENT ASSESSM
(if not applicable, indicate N/A)	ACTION COMMITTEE OF THE INTERIOR HOURS
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
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 document's effective date on the Department of State's records.	will not be listed as
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	
(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)	
LUIS A MUNOZ PARRA	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	

the

the