## P11000015393

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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PORTUPATRY, II	NC	<u>-</u>		
DOCUMENT NUMBER: P17000015393				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mat	tter to the following:			
YODIOSMAY GONZALEZ				
	Name of Contact Person	1		
ALL IN ONE ACCOUNTING	G SERVICES, INC			
	Firm/ Company			
4951 WEST 6TH AVE	Time Company			
	Address			
HIALEAH, FL 33012				
	City/ State and Zip Code	e		
zqconsultants@yahoo.com				
	ed for future annual report	notification)		
		······································		
For further information concerning this matter, pleas	e call:			
YODIOSMAY GONZALEZ at (305 ) 926-2190				
Name of Contact Person	at ( Area Co	) de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 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			

## Articles of Amendment to Articles of Incorporation of

PORTUPATRY, INC	
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P17000015393	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
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 "P.	"company," or "incorporated" or the abbreviation ". 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> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T. 2
(mutting uturess MAT BE A POST OFFICE BOX)	TAR TO T
D. If amanding the registered agent and/ay registered office address	in Florida anton the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	7 T
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	(ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg.	istered 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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	LEONARDO GONZALEZ PUIG	13256 NW 5TH TERR.
Add X Remove			MIAMI, FL 33182 US
2) Change	P	LEANDRO GONZALEZ PUIG	13256 NW 5TH TERR.
X Add			MIAMI, FL 33182 US
Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			wor would have
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides fo provisions for implementing (if not applicable, indicad	the amendme	, reclassificat ent if not cont	ion, or cancel ained in the a	lation of issued mendment itse	shares, lf:	
•	37 <u>22</u>			***************************************		
7						

02/15/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
02/15/2017	
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 st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust he separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	,,
(voting group)	-
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	t shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
03/16/2017 Dated	,
Signature Assistance .	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
LEANDRO GONZALEZ PUIG	
(Typed or printed name o	f person signing)
PRESIDENT	
(Title of perso	on signing)