P17000018135

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COVER LETTER

TO: Amendment Section

Division of Corporations

Efectivo The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (<u>305</u>) <u>877 - 0669</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

Franky's Efectivo Corh.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P17000018135	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:) 10
A. If amending name, enter the new name of the corporation:	
Thenew	
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:	
(Muiling address MAY BE A POST OFFICE BOX)	
<u> </u>	
<u> </u>	
D. If amounting the registered agent and/or registered office address in Florida, enter the name of the	
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 Franklin Ponton Imitolo =	
12344 S.W. 127 AVL. (Florida street address)	
New Registered Office Address: Mi ami , Florida 33186 (City) , Florida (City)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
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.

Example: X_Change	<u>b.l.</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Priseila Kauen Ponton Espinosa	12344 SW 127 Ave.
X Add		Espinosa	Miami A
Remove		•	33 <i>(</i> 86
2) Change			19 APR
Add			- SS
Remove			™e ≥ M
3) Change			FLORIDA FLORIDA
Add			O J
Remove			
),t			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
12			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
<u>.</u>	
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If an arrandoment are stilled for an arrandoment of the state of the s	AMILE OLD
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:	ALE RIDA
(if not applicable, indicate N/A)	, > -

The date of each amendment(s) adoption: $3/7/2019$ date this document was signed.	, if other than
Effective date if applicable: 3/ 7/2019	
(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 da document's effective date on the Department of State's records.	te will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	rnt
"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.	r Āw
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	9 APR
Dated3/7/2019	SSECTION IN THE SECTION IN THE SECTI
Signature	OF STATE
(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)	>
	r
Franklin Konton Imitale	9
(Typed or printed name of person signing)	
President.	
(Title of person signing)	

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