# P1700000a1873

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SECRETARY OF STATE SIVISION OF CORPORATIONS
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: P17000021873 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company SW 119 PL E-mail address: (to be used for future annual report aptification For further information concerning this matter, please call: at ( 786 ) 383 - 6996 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

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

SECRETARY OF STATE

2817 HAR 21 PM 1: 29

A. If amending name, enter the new name of the corporation:    D	(Document Number of Corporation (if known)  isions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) oration:  ne, enter the new name of the corporation:	(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 Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  DA  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)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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  Began Street address  Name of New Registered Agent  Florida Street address)  New Registered Office Address:	/- /	~ \ \	· -	RAIL UNK ST
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(Mailing address MAY BE A POST OFFICE BOX)  Lacks   La	registered agent and/or registered office address in Florida, enter the name of the agent and/or the new registered office address:  The Registered Agent Bernardo J. Nardo  17104 SW 119 PL  (Florida street address)  Pered Office Address: Florida 33177	Mailing address MAY BE A POST OFFICE BOX  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    New Registered Office Address:   Name of New Registered Agent   Section   New Registered Office Address:   New Registered Office Address:   New Registered Office Address:   New Registered Office Address:   City   City   Registered Agent's Signature, if changing Registered Agent:   New Registered Agent   New Regi			NA	
	Agent and/or the new registered office address:  We Registered Agent Bernardo J. NArdo  1710L(SW 119 PL  (Florida street address)  Pered Office Address: Mami Florida 33177	Name of New Registered Agent    Name of New Registered Agent   Bernardo J. Nardo			A	
new registered agent and/or the new registered office address:	Pred Office Address: Mani Florida 33177	Name of New Registered Agent    Declaration   Declaration			ss in Florida, enter the name	of the
	1710L(SW 119 PL  (Florida street address)  ered Office Address: Mame , Florida 33177	New Registered Office Address:  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. Fun familiar with and accept the obligations of the position.			NNIDO	
1710L( SW 119 PL		(City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. How familiar with and accept the obligations of the position.	<u>Name of New Registered Agent</u>	17104 SW	119 PL	
		hereby accept the appointment as registered agent. Hum familiar with and accept the obligations of the position.	New Registered Office Address:	Miani	······································	Florida 33177 (Zip Code)

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	VP	Manuel La Luz	7027 W 6 AVE
X Add			Higheah, Fl 3301
Remove			
2) Change	<u>P</u>	Bernaido J. NAIdo	17104 SW 119 PC
× Add			Migni, F1 33177
Remove			
3 ) Change			
Add			
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The date of each amendment(s) adoption:	3/13/17	, if other than th
date this document was signed.	- ( (	
Effective date if applicable:	3/5/1/13	
(no m	ore than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing require records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>ONE</u> )	
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	lders. The number of votes cast for the	e amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group e		
"The number of votes cast for the amendment(s		
by(voting grow	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting grou	up)	
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the incorpor action was not required.	rators without shareholder action and sl	nareholder
Dated313	117	
Signature(By a director, president or	other officer - if directors or officers ha	ave not been
selected, by an incorporator	r – if in the hands of a receiver, trustee,	or other court
appointed fiduciary by that	fiduciary)	
Beina	r printed name of person signing)	
(Typed o	or printed name of person signing)	•
	President.	
	(Title of person signing)	<del></del>