# P1000023426

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### COVER LETTER

TO: Amendment Section

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**Division of Corporations** 

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: P17000023426

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

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Please return all correspondence concerning this matter to the following:

	CLARA RIVADENEIRA	
	Name of Contact Person	
	RIVADENEIRA AND ASSOCIATES INC	
-	Firm/ Company	
	2742 SW 8 Street # 201-202	
•	Address	
	MIAMI-FLORIDA 33135	
	City/ State and Zip Code	
	riva@gate.net	

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

For further information concerning this matter, please call:

 Clara Rivadeneira
 at (305)
 6432248

 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:

7 \$35 Filing Fee

■\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certificate of Status y is Certified Copy (Additional Copy is enclosed) <u>Street Address</u>

□\$52.50 Filing Fee

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 .٤

Articles of	Amendment o ncorporation of RP. atly filed with the Florida Dept. of State)	
	o ncorporation	
	of the second seco	
SOULFIT BOX CO	RP.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P17000023426	and the second	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. <u>If amending name, enter the new name of the corporation:</u>		
name must be distinguishable and contain the word "corporat. "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable:	"Co". A professional corporation name must contain the	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI FLORIDA 33145	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	3398 SW 22 STREET MIAMI FLORIDA 33145	
D. <u>If amending the registered agent and/or registered office ad</u> <u>new registered agent and/or the new registered office addre</u> <u>Name of New Registered Agent</u>		
(Florida s	street address)	
New Registered Office Address:	, Florida	
	. Florida, Florida (City) (Zip Code)	

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:

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(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

t-1...rs

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

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<u>A</u> Change	<u>P1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	V.P.	JUAN A. GOMEZ	3398 SW 22 STREET
XAdd			
Remove			MIAMI-FLORIDA 33145
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			·····

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

AMENDED ARTICLE IV

1000X \$2.00 EACH ONE

F. 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: (if not applicable, indicate N/A)

\_\_\_\_\_

\_\_\_\_

\_\_\_\_\_

\_\_\_\_

date this document was signed	t(s) adoption: <u>10-09-2017</u>	, if other t
Effective date <u>if applicable</u> :	10-09-2017	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amen ere sufficient for approval.	dment(s)
□ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	statement s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareho	lder
Dated 1	0-09-2017	
Signature_	Alt	
S	By a director, president or other officer $-$ if directors or officers have no elected, by an incorporator $-$ if in the hands of a receiver, trustee, or oth ppointed fiduciary by that fiduciary)	
	ELENAUPAVON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	