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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GIOVANNI H HE	ERNANDEZ PA	
DOCUMENT NUMB	ER: P17000033037		-
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
ı	GIOVANNI H HERNANDE	ZZ	
-		Name of Contact Person	n
1	GIOVANNI H HERNANDE	Z PA	
-		Firm/ Company	
	7645 NW 116 PL		
-		Address	
;	DORAL, FL 33178		
-		City/ State and Zip Cod	e
SOLV	ЕҮС@ҮАНОО.СОМ		/
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		290-0949
Name of Contact Person		at (305	de & Daytime Telephone Number
Name o	r Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
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

(Name of Corporation	n as currently filed with the Flori	ida Dept. of State)		
P17000033037				
(Docume	ent Number of Corporation (if know	vn)	-	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corpo	ration adopts the following	ng amend	lment(s) t
A. If amending name, enter the new name of the cor	poration:			
			The n	1014
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc," or "Co". A professional	"incorporated" or the c corporation name must	_ bbreviat	ion
B. Enter new principal office address, if applicable:				_
Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)		17	
		25		_
		- 		
Enter new mailing address, if applicable:	r.	ig ig	œ	5.44 mark 5.47 mark
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	77	- 2	- 🖰
		ر المراجعة المراجعة ا	-1	_
		, <u>S</u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		the name of the		_
Name of New Registered Agent			_	
			_	
	(Florida street address)			
New Registered Office Address:		, Florida		_
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I		pligations of the position.		
Cimum	ture of New Registered Agent, if ch	· · · · · · · · · · · · · · · · · · ·	_	

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 Doc			
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		
I) X Change	PT	GIOVANNI H HERNANDEZ	7645 NW 116 PL		
Add			DORAL, FL 33178		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Č		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date volument of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	31	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/02/201 Dated	7	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	GIOVANNI H HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	