

P17000039823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

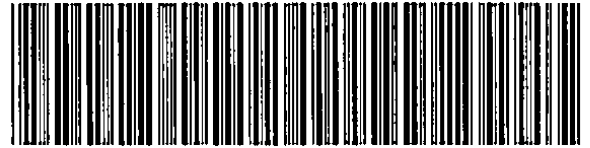
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/26/20--01002--010 **35.00

20 MAY 26 AM 8:29

JUN 16 2020
C. M. M. R.

HORSE COUNTRY SHOE REPAIR INC

5929 SW 1ST LANE, OCALA FL 34474

MINUTES

May 1, 2020

Officers Present:

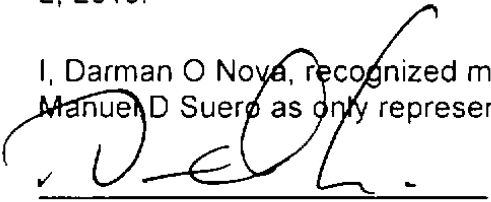
Manuel D Suero
Darman Osiris Nova
Odalís Cruz, Notary

As May 1, 2020 we are formally transfer the ownership of this corporation to his authentic owner Mr. Manuel D Suero. Due to personal situation on the date of the business acquisition. Mr. Suero cannot figure on the sale. Mr. Manuel D Suero was the person that truly make the financial transaction.

Darman O Nova is the nephew of Mr. Manuel D Suero, he was able to function at that moment the only officer of the corporation to resolved on that date Mr. Suero situation.

Today May 1, 2020 in present of Mr. Manuel D. Suero and Darman O. Nova, they confirm that the statement above is completely true. That today Darman O Nova accept to be removed from the corporation with no compensation or any share value. Darman confirm that Mr. Manuel D Suero is the only owner of Horse Country Shoe Repair since the original transaction on January 2, 2019.

I, Darman O Nova, recognized my function on this corporation as representative of my uncle Manuel D Suero as only representative using my name as officer.



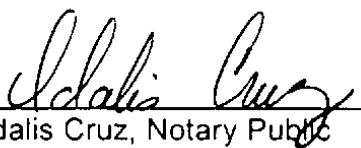
Darman O Nova



Manuel D Suero, President

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to and subscribe before me this May 1, 2020



Odalis Cruz, Notary Public

Notary Public- State of Florida
Commission #GG329360

My Commission Expires August 22, 2023

20 MAY 25 14:28:29

5/1/20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HORSE COUNTRY SHOE REPAIR INC
DOCUMENT NUMBER: P17000039823

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

Please return all correspondence concerning this matter to the following:

MANUEL D SUERO ALCANTARA
Name of Contact Person
HORSE COUNTRY SHOE REPAIR INC
Firm/ Company
5920 SW 1ST LANE
Address
OCALA, FL 34474
City/ State and Zip Code
hesr5920@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel D Suero at (352) 622-6677
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:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 MAY 25 AM 8:23

Articles of Amendment
to
Articles of Incorporation
of

HORSE COUNTRY SHOE REPAIR, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000039823

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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 MANUEL D SUERO ALCANTARA

696 NW 53TH AVENUE

(Florida street address)

New Registered Office Address: Ocala, Florida 34482

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

20 MAY 25 AM 8:22

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>P</u>	<u>DARMAN OSIRIS NOVA</u>	<u>26615 NW 3RD PLACE</u>
<input type="checkbox"/> Add			<u>NEWBERRY, FL 32669</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>BORIS M SUERO</u>	<u>11049 NW 19TH LANE</u>
<input checked="" type="checkbox"/> Add			<u>OCALA, FL 34482</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

(Attach *additional sheets, if necessary*). (Be specific)

(if not applicable, indicate N/A)

Manuel D Suero Alcantara will now be the 100 share owner of the corporation and the only Officer with a Secretary person with no share who can represent and talk with authorization of Mr. Suero. Boris M Suero will be the Secretary person as representative of Mr. Suero for english translation.

MAY 1, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: MAY 1, 2020

(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by Manuel D Suero and Darman Osiris Nova
(voting group)"

Dated May 1, 2020

Signature Manuel D Suero ✓ May-21-2020
(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)

Manuel D Suero
(Typed or printed name of person signing)
President
(Title of person signing)

