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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

		_	
NAME OF CORPORAT	ION: ESCUDE	20 SERVICES	CORP
DOCUMENT NUMBER	12 13 man	41781	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
	RAFAEL CI	AMEJO LOPE	Z
		Contact Person	1
		Firm/ Company	
	14608 SW	280 ST 10	T 106
_	14608 SW Homestead	Florida 3	33032.
-		City/ State and Zip Code	:
	SCSERVICE E-mail address: (to be us	5/01 O 9 mGi (sed for future annual report	Com notification)
For further information co	ncerning this matter, pleas	se call:	
ROFAEL CAM	ETO COPEZ	at (305	2821175.
iname of Ci	ontact Person '	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenda	Address nent Section of Corporations	Amend	Address ment Section n of Corporations

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

·		of
ESCUDERO	SERVICES	CORP
(Name o	f Corporation as curr	

with the Florida Dept. of State)

P1700004	41781		
(Docu	ment Number of Corporation (if kr	iown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corp	poration adopts the following am	endment
A. If amending name, enter the new name of the c			
ESCUDERO MOTORS			new .
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbr	." or "Co". A professional corp	rporated" or the abbreviation "C poration name must contain the	Sorp.," • word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES			-
	 	7.832	—
	·		·.
C. Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)		<u> </u>
		<u> </u>	<u> </u>
			<u>र्स्</u> र भ्र
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the	
Name of New Registered Agent			
	(Florida street address)		
M. B. C. LOW. ALL	,		
New Registered Office Address:	(City)	, Florida(Zip Code)	,
		·	
New Registered Agent's Signature, if changing Registered	gistered Agent:		
I hereby accept the appointment as registered agent.	i am jamiliar with and accept the	obligations of the position.	
Sign	nature of New Registered Agent, if	changing	
Chack if applicable			

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

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	PT	John Doe	
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
1) Change			4.04
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
IXCHIOVC			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		
	<u>-</u>	
	<u> </u>	
**		
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an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares,
	ndment if not contained in a	the amendment itself:
Cifnot applies black indicate N/12		
orovisions for implementing the ame (if not applicable, indicate N/A)		
orovisions for implementing the ame (if not applicable, indicate N/A)		
orovisions for implementing the ame (if not applicable, indicate N/A)		
orovisions for implementing the ame (if not applicable, indicate N/A)		
orovisions for implementing the ame (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) a	loption:, if other than th
date this document was signed.	20/2/20
Effective date <u>if applicable</u> :	08 12 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.
, ,	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the airchdment(s) was/were sufficient for approval
L	
by	(voting group)
Dated 0	3 <u>1</u> 2 / 2010
Signature	
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	'Kafnel Cometo Lopez
	(Typed or printed name of person signing)
	OWNER 08/12/2020
	(Title of person signing)

the