

P170000 42322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

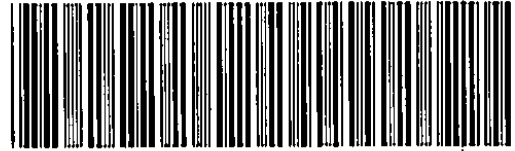
(Business Entity Name)

(Document Number)

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FALL 2013

OCT 15 2019

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PROVIDENCIAL HOLDINGS INC

DOCUMENT NUMBER: P17000042322

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

Please return all correspondence concerning this matter to the following:

MAURICIO SALAS

Name of Contact Person

Providencial Holdings Inc

Firm/ Company

650 SW Palmetto Cove

Address

Port St. Lucie FL 34986

City/ State and Zip Code

msalas8347@gmail.com

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

For further information concerning this matter, please call:

Mauricio Salas

Name of Contact Person

at ( 561 ) 252-0581

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 &  
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

PROVIDENCIAL HOLDINGS INC

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

P17000042322

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following as its Articles of Incorporation:

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

*The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviations "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)

Mauricio Salas

650 SW Palmetto Cove

Port St Lucie, FL 34

**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

Mauricio Salas

650 SW Palmetto Cove

(Florida street address)

New Registered Office Address:

Port St Lucie, FL

Florida

34986

(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and to 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P; Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT              John Doe

X Remove                      V              Mike Jones

X Add                              SV              Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) Change                      P              Mauricio Salas              630 SW Palmet  
X Add                                                                        port St Lucie, FL  
Remove                                                                        951.

2) X Change                      V              Alexandra Sanchez              630 SW Palmet  
Add                                                                        port St Lucie,  
Remove                                                                        51.

3) Change                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Add                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Remove                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

4) Change                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Add                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Remove                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

5) Change                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Add                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Remove                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

6) Change                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Add                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_  
Remove                              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

E. If amending or adding additional Articles, enter change(s) here:

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

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)*

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

Effective date if applicable: OCTUBER 10, 2019  
(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 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 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 \_\_\_\_\_."  
(voting group)

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

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/10/19

Signature

Alexandra Samuels  
(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)

ALEXANDRA SAMUELS

(Typed or printed name of person signing)

VICEPRESIDENT

(Title of person signing)