P17000044415

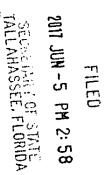
(Requ	iestor's Name)	
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C. GOLDEN

JUN - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: APIES ACATION 10
DOCUMENT NUMBER: P1/000076415
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
[0/18EN JUGDEN
Name of Contact Person
//AD/E> VACA/101 / C
12862 CARRINGTON CIR # 103
MADIES 71 34105
City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Collegn Subpen at 404, 217-3393
Name of Confact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Amenda	nent		
to Articles of Incorpor	ation	FILE	ED
// / of		, 2017 JUN -5	PM 2-50
IADIES VACA	71M /D	Inc.	
(Name of Corporation as currently filed	with the Florida Dept. of	State) CLAHASSEI TALLAHASSEI	OF STATE
P1700004641	<u> </u>	13	C) I COVIDA
(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	a Profit Corporation adopts	the following amend	Iment(s) to
A. If amending name, enter the new name of the corporation:			
		The r	new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	·		_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Maning address MAT BE A TOST OF THE 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			
(Florida street add	ress)		
New Registered Office Address:	, Flo		_
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of t	he position.	
	1		
- I. Surlar	/REASURER		
Signature of New Register	ed Agent, if changing		
1			

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:	, unit biii	y Dinner, Dr. We the Hotel.
X Change	PT	John Doe
X Remove	$\underline{\mathbf{v}}$	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One) 1)ChangeAdd	Title T	- Name Address Address Address LANE April 5 FL 34112
Remove		114ple 5 77 34112
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		<u> </u>
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) ac date this document was signed.	doption:,	if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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 amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	5/30/20/2	
Signature	(lala / 1	
(By a di	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 ted fiduciary by that fiduciary)	
арропи	ica nadelary by that nadelary)	
	10/18EN - UGDEN	
	(Typed or printed name of person signing)	
	HOESINGAT	
	(Title of person signing)	