P1700054160

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SECRETARY OF STATE

C. GOLDENMAY 2 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HECZOR INVEST	MENTS CORP	<u> </u>
DOCUMENT NUMB	P17000054160	_	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
i	HECTOR REYES		
-		Name of Contact Person	1
-		Firm/ Company	
	2937 S.W. 27 Avenue, Suite	No. 104	
-	<u> </u>	Address	
ı	Coconut Grove, FL 33133		
-		City/ State and Zip Code	2
marler	na@marrerotitle.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Hector Reyes		at (_)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divi: P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ithassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 MAY 22 PH 4: 46

HECZOR INVESTMENTS CORP	SECRETARY OF STA
(Name of Corporation as curren	tly filed with the Florida Dept. of StaffALLAHASSEE. FLOR
P17000054160	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	dress in Florida, enter the name of the
N/A	
Name of New Registered Agent	
(Plant)	street address)
(Fioriaa	street (gaaress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent.
Thereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of Nev	v Registered Agent, if changing

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> <u>Joh</u>	ın Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP/D	HECTOR REYES	16967 S.W. 90 Terrace
xx Add			Miami. Florida 33196
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
WA			
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If an amendment provides for an excl	hange, reclassification, or cancellat	ion of issued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amo	endment itself:	
(y noi appucaoie, inaicaie is/A) N/A			
NA		-	
			-
·			
			

	May 1, 2018	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
n/A Effective date <u>if applicable</u> :		
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	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	ment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendments	tatement):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required. The amendment(s) was/were add	pted by the board of directors without shareholder action and share opted by the incorporators without shareholder action and sharehol	
action was not required.		
Dated	18 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	
selecte	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or oth ted tiduciary by that fiduciary)	
	HECTOR REYES	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	