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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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CÖVEŘ LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: R16-105, Olenka at (786) 985 18 15

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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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

Articles of Incorporation of

2 Gus + 2	chees	\mathbb{T}	ORP		
(Name of Co	rporation as currently 1	iled with the Fl	orida Dept. of St	ate)	
717000	O 5 Cocument Number of C	35 orporation (if kr	nown)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Cor	<i>poration</i> adopts th	ne followin	g amendment(s) to
A. If amending name, enter the new name o	f the corporation:				
NA					The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enter new principal office address, if apprenticed and the content of the cont	"Corp," "Inc," or "Co or the abbreviation "P.	". A profession			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		5411 Holly	mckir wol	iley F13	<u>st</u> 302/
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, en	ter the name of t	<u>he</u>	
Name of New Registered Agent	VA				-
	(Florida street	address)			-
New Registered Office Address:		ity)	, Flori		Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered of the second sec			100 E	e position.	Ť
	organism of the neg	over en rigem, y	E FILO	ם -	m G

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)

Example:

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.

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike	Jones .	
X Add	SV Sally S	<u>Smith</u>	
Cype of Action Check One)	Title	<u>Name</u>	Address
) Change	VP	INDUSTRIAS VIIIA	
Add Remove		Ţ	CHARLES PLACE SuitE 1060 REMBUKE PLACE, F13302Co
Change Add	<u>VP</u>	OLENKA RIGLOS	Ambake Pines, F133026 5411 McKinley 51 Mollywood FC
Remove Change			3302
Add Remove			
Change Add			
Remove			
Change			
Remove			
(i) Change			
Remove			

(Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

The date of each amendment(s) adoption: date this document was signed.	811	12017	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 a	ays after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	• •	le statutory filing requirements.	, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		imber of votes east for the amer	idment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting			
"The number of votes east for the amer	ndment(s) was/were s	ufficient for approval	
by	ting group)	·"	•
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the action was not required.			
	diporator – if in the h	- if directors or officers have no ands of a receiver, trustee, or ot	
05	SCAR A	PRIETO	
	(Typed or printed nar	ne of person signing)	1/2
+	RESIDE	NT	
	(Title of 1	person signing)	