## P170000 58197

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del>-</del>
(Document Number)	
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: FLOSH 5 CAYYLEYS INC.  DOCUMENT NUMBER: P17000058197			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria A Fernandez Name of Contact Person			
Firm/ Company			
14956 SW 159th CT Address			
Miami FL 33196			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Maria A Fernandez at (305) 877-7864  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:			
\$35 Filing Fee Certificate of Status    \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

of

- Flash 5 Carriers Inc	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000058197	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6900 W 32nd Ave
(Principal office address MUST BE A STREET ADDRESS)	Boulo
	Higleah, FL 33018
	Frigieun, 12 33018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14956 SW 159th CT
	Miami, FL 33196
	7ALI
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the 😂 🛴
Name of New Registered Agent	
(hi) mide or	reet address)
	Teer uuuressy
New Registered Office Address:	(City) (Zip Code)
	( and )
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
e., secop sppmin to registered agent. Tum jumina	and decept the confidence of the position.
Signature of Nov.	Registered Agent, if changing
Signature of New 1	reguler ou rigeru, y 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>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change .			
Add			7AE 19
Remove			CORE TO THE
3 ) Change			ASSET T
Add			Me s
Remove			12 12 15 15 15 15 15 15 15 15 15 15 15 15 15
4) Change			ซีเชา์ 
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del> </del>
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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		VIII. SEC	19
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		ASS	119
lf an amondment provides for an evolu-	ange, reclassification, or cancellation of issued shares,	(T):	
provisions for implementing the amen	diment if not contained in the amendment itself:	7. C	7
(if not applicable, indicate N/A)	· · · · · · · ·	10.7 10.7 10.7	<del></del>
		TATE ORIDA	pr Gri
		\$15 \$15	
<u> </u>			•

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	: will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	d.
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	်င္ငံ <b>အ</b>
☐ 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.	TARY OF THE
Dated 6 13 2019	E II: 45
Signature Illania Flan	
(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)	
Maria A Fernandez (Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>