P170006189

(R	equestor's Name)	
(A	ddress)	
	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(U	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer	
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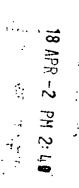




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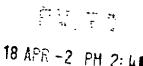


COVER LETTER

TO: Amendment Section Division of Corporations .5

NAME OF CORPORATION	on: <u>Carni</u>	ceria Mi	onte	rrey #4	
DOCUMENT NUMFERG	P 17 000	0 65189			
The enclosed Articles & Gr	nendment and fee are su	bmitted for filing.			
Please return all corresponde	ence concerning this ma	tter to the following	:		
	Con	ado Aya	la:	<u> </u>	
	Carr	Name of Contact Name o	t Person	rrey #4	
	100	Salin Address	any <u>a</u> S7	t. Ft Myers Fl	33905
	Ft	Myers F	1. 339	705	
		City/ State and Z	ip Code		
يد به دو مندسته <u>مند</u>	Con rad	doayala 8	9@	Yahoo. Com	
E	i-mail address: (to be us	sed for future annual	l report r	ndification)	
For further infonce transcare	eming this matter, pleas	se call:			
Correado	Ayala	at (_ d	39	, 770 - 7638 de & Daytime Telephone Number	
Nana o Con	tact Person	<i>د</i> .	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount made	payable to the Florid	da Depar	rtment of State:	
□ \$35 Filing Fee 2	S43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendme Division o P.C. Box C Tallah rece	nt Section f Corporations 6327	\	Division Clifton	Address nent Section n of Corporations Building recutive Center Circle	

Articles of Amendment



	Articles of Incorporation of	18 APR -2 PM 2: 41
Carnice	ria Monterrey #4	4n
(Name of Corp	P 170000 65189.	Dept. of State)
(C	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporat	ian adopts the following amendment(s) to
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp." "Inc.," or Cc. " or the designation "word "chartered," "professional association," o	Corp, " "Inc, " or "Co". A professional co	scorporated" or the abbreviation or poration name must contain the
B. Enter new privilipa: office address, if appli	icable: 29351	S.W 152nd Ave
(Principal office v.Jdrev MUST BE A STREET	CADDECC \	stead F1 33033
		-
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
		
D. If amending the registered agent and/or re new registered agent and/or the new regist		e name of the
Name of New Registered Agent		
	iFlorida strevi addressi	<u> </u>
New Registere, 1 Diffice Address:		, Florida,
	(City)	En Code,
New Registered Agend's Signature, if changing	g Registered Agent:	
l hereby accept the injustitions as registered ag	ent. I am familiar with and accept the oblig	ations of the position
-10	Signature of New Registered Agent, if change	ging

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:

tAttach 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.

X Change	PT lob	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones .	
X Add	<u>SV</u> <u>Sal</u>	Hy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>s T</u>	Nicole Lopez	10024 Salina St Ft Myers F1. 33905
2) Change Add Remove	-		
3) Change Add Remove			
4) Change Add Remove			
Remove			
Remove			
6) Change Add			
Remove			

mending or ad ling additional Ar ach additional sheets, if necessary)	(Be specific)		
			
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	<u>-</u>		
			
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	·		
•			
n amendment provides for an ex-	change, reclassification, or can	cellation of issued shares.	
ovisions for implementing the am	sendment if not contained in th	e amendment itself:	
(if not applicable, indicate N/A)			
	·		
		<u> </u>	
			

The date of each amendment(s) adoption:	8-2-2017	, if other than the
date this document was signed.		
Effective date if applicable:		
(no i	nore than 90 days after amendment file dates	
Note: If the date inserted in this block does not med document's effective date on the Department of State's	et the applicable statutory filing requirements, this or records.	date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	olders. The number of votes east for the amendmen al	t(2)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following states entitled to vote separately on the amendment(s):	nen
"The number of votes cast for the amendment		
by(voting gr	· · · · · · · · · · · · · · · · · · ·	
(voling gr	оир)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and sharehol	der
The amendment(s) was/were adopted by the incorp	orators without shareholder action and shareholder	
action was not required.		
Signature X)	/ * #// / //	
Signature A	or other officer - It directors by officers have not bee	<u></u>
selected, by an incorporat	or - if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by the	at fiduciary)	
Con	rado Ayala dor printed name of person signing)	
(Турес	or printed name of person signing)	
$\overline{\mathcal{P}}$		
	(Title of person signing)	