P17000072969

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100353752691

10/16/20--01017--002 **35.00

)20 OCT | 6 AM 7: 14

10110 200

COVER LETTER

NAME OF CORP	ORATION: BARONE CORP				
	MBER: P17000072969				
The enclosed Article	es of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	TOMAS ALTERIO				
	Name of Contact Person				
	BARONE CORP				
	Firm/ Company				
	10217 NW 10 ST				
	Address				
	MIAMI, FL 33172				
	City/ State and Zip Code				
	accounting@protosof.com				
	E-mail address: (to be used for future annual report notification)				
For further inform:	ion concerning this matter, please call:				
Tomas Alterio	at (305) 3457251				
Nan	e of Contact Person Area Code & Daytime Telephone Number				

Mailing Address
Amendment Section Division of Corporations i O. Box 6327 1 attahassee, FL 32314

TO: Amendment Section Division of Corporations

> Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

BARONE CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P17000072969		
(Document Number of Company (Document Number of Company)	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ${\it F}$ its Articles of Incorporation:	Torida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "co "Inc" or Co" or the designation "Corp." "Inc." or "Co". A "chartered," "professional association." or the abbreviation "P.A."		эп "Corp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O
	NIX	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	·
new registered agent and/or the new registered office address: Name of New Registered Agent	NA	
(Florida stru	et address)	
New Registered Office Address:	, Florida	Code)
	опу, (ар.	5000)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second sec	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)		

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	<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	P	Tomas Alterio	10217 NW 10 ST		
X Add			MIAMI, FL 33172		
Remove					
2) Change	<u>v</u>	Liliana Rojas De Alterio	10217 NW 10 ST	2020	_
X Add			MIAMI, FL 33172	<u> </u>	77
Remove 3) Change				-6-	
Add			· .	AH 7	
Remove			. :Ti Tiu _l 	<u>-</u> -	
4) Change					-
Add					-
Remove					
5) Change					-
Add				. <u> </u>	•
Remove					
<i>6</i>) Change					_
Add					-
Remove					

The date of each amendment(s) at date this document was signed.	option:		if other than the
ū			
Effective date if applicable:	(no more than 90 days after ame	endment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory for artment of State's records.	iling requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add action was not required.	oted by the incorporators, or board of director	rs without shareholder action and	shareholder
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)	
	oved by the shareholders through voting gro each voting group entitled to vote separately		F: 2020 OCT
	or the amendment(s) was/were sufficient for	approval	6 7 A
by	(voting group)		2
Dated 10/ 0	9/2020	- 13 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	7: 114
Signature	mas Vaffin Atteno		
` *	ector, president or other officer – if directors by an incorporator – if in the hands of a rec		
appoint	d fiduciary by that fiduciary)		
	Luis Alterio		
	(Typed or printed name of person	signing)	
	Vice President		
	(Title of person signing)		