P170000 76058

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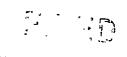
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SECADA INC			
DOCUMENT NUMB	ER: P17000076058		<u> </u>	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	HENRY SECADA			
		Name of Contact Person	1	
•	SECADA INC			
•		Firm/ Company		
	6073 BAHIA DEL MAR BL	VD S # 131		
		Address		
	ST PETERSBURG , FL 337	15		
•		City/ State and Zip Cod	e e	
REYE	:S304@AOL.COM			
		sed for future annual report	notification)	
	·	·	·	
For further information	concerning this matter, pleas	se call:		
HENRY SECADA		727 at (de & Daytime Telephone Number	
Name e	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:	
S35 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)	
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 to Articles of Incorporation of



SECADA INC (Name of Corporation as currently filed with the Florida Dept, of State) P17000076058 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 = Trustec; 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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	VP	SECADA, JAVIER	4321 39th ST S
Add			ST PETERSBURG FL 33711
X Remove			
2) Change			
Add			
Remove			
3)Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			-
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i>	g or adding adding additional sheets, if	ditional Articles necessary). (l	s, enter change(s) Be specific)	<u>nere</u> :			
N/A						_	
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F. <u>If an amen</u>	dment provide	s for an exchan	ge, reclassificatio	on, or cancellat	ion of issued shar	res,	
provision: (if not	<u>s for implemen</u> Lapplicable, ind	ting the amendi licate N/A)	ment if not conta	ined in the ame	endment itself:		
N/A							
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The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ 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.
09/18/2019
DatedSignatureSignature
(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)
HENRY SECADA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)