(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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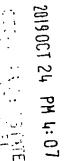
Office Use Only

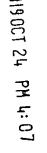


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BREAKDOWN T	& A MORALES CORP.	
DOCUMENT NUMBER:	P17000083773		
The enclosed Articles of Amena	<i>lment</i> and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
		ALBA LUCIA PARRA	
		Name of Contact Person	n
	BREA	KDOWN T & A MORAL	ES CORP.
		Firm/ Company	
		12295 SW 10TH TERRA	CE
		Address	
	Ν	MIAMI, FLORIDA 33184-	2412
		City/ State and Zip Cod	e
	ft	ıstagencyservices1@yahoo	o.com
——————————————————————————————————————		ed for future annual report	
For further information concern ALBA LUCIA I		se call: 786	273-5925
Name of Contac	t Person		ode & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Dep	artment of State:
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle nassee, FL 32301

Articles of Amendment Articles of Incorporation of

BREAKDOWN T & A MORALES CORP.

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P170000837			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment((s) to
A. If amending name, enter the new name of the corporation:			
NOT APPLICABLE		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 "	C_0 . A projessional corporation name	the abbreviation must contain the	
B. Enter new principal office address, if applicable:	12295 SW 10TH TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33184-2412		
		2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12295 SW 10TH TERRACE	2019 0	T ^e l
	MIAMI, FLORIDA 33184-2412	- <u>-</u>	اتعود اعدود دعد.
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	PH 1: 07	
NOT APPLICABLE Not Applicable			
	reet address)		
(P)ortaa st			
New Registered Office Address:	, Florida		

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 Doc	<u>c</u>	
X Remove	<u>V</u>	Mike Jor	nes	
_X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
·	
	<u> </u>
r. If a manufacture for an archange goalustification or cancellation of issued chares	
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)	
NOT APPLICABLE	
	, -

•	OCTOBER 16, 2019	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
	OCTOBER 23, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
OCTO Dated	DBER 16, 2019	
Signature	Olfal Para	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other cour pointed fiduciary by that fiduciary)	t
	ALBA LUCIA PARRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	