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COVER LETTER

TO: Amendment Section Division of Corporations

FAM BUSINESS INC

DOCUMENT NUMBER: P17000093470

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO NARANJO

Name of Contact Person

FAM BUSINESS INC

Firm/ Company

10107 ancora cir 1231

Address

ORLANDO FL 32821

City/ State and Zip Code

alvaronaranjo13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO NARANJO	407 at ()	607-0213
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:

E \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> 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

FAM BUSINESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000093470

(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:

NA		The new
	orp," "Inc," or "Co". A professi	" or "incorporated" or the abbreviation "Corp.," onal corporation name must contain the word
B. <u>Enter new principal office address</u> , (Principal office address <u>MUST BE A S</u>		
C. <u>Enter new mailing address, if appl</u> (Mailing address <u>MAY BE A POST</u>		
D. If amending the registered agent an new registered agent and/or the new		orida, enter the name of the
Name of New Registered Agent	ALVARO NARANJO	
() () ()	10107 ancora cir 1231	
	(Florida street address	ـــــــــــــــــــــــــــــــــــــ
New Registered Office Address:	ORLANDO	Florida

(City)

(Zip Code)

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New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

MUARD NAKAN 10

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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, U as Remove, and Sally Smith, SU as an Add.

Example: X Change

X Change	<u>PT</u>	<u>John Doe</u>	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	V		10107 ancora cir 1231
Add			ORLANDO FL 32821
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Article rels, if necessary). — (Be specific)			
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an amendment p	rovides for an excha dementing the amen	<u>nge, reclassificatio</u> dment if not conta	m, or cancellation ined in the amen	<u>d of issued share.</u> dment itself:	<u>s.</u>
(if not applicat	ole, indicate N A)				
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The date of each amendment(s) adoption:	, if	other than the
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 the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)

02/21/2020 Dated_____

Signature

(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 tiduciary by that fiduciary)

ALVARO NARANJO

(Typed or printed name of person signing)

PRESIDENT

VAD-

(Title of person signing)