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S TALLENT



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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MENDOZA H	30 CORY
DOCUMENT NUMBER: P1700096418	<u> </u>
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ELEAZAR ME	ASOUCH
Name of Contact Per	son
Firm/ Company	
122 STONE RIDGE	LANF
Address NIEWPORT, FL City/ State and Zip C	
City/ State and Zip C	ode
E-mail address: (to be used for future annual repo	moil-com'
E-man address. (to be used for future annual repo	nt nonneation)
For further information concerning this matter, please call:	
ELEA SAR MENDORA # (407	729-1769.
Name of Contact Person Area	Tode & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida De	partment of State:
S35 Filing Fee	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 Clift Tallahassee, FL 32314 266	et Address rdment Section sion of Corporations on Building Executive Center Circle

Articles of Amendment to

Articles of Incorporation

A 1	(of .	_	
MENDORA	H60	COA	29	
(Name of Cor	poration as currer	itly filed wit	h the Florida Dept. of State)	
17 17 0000°	9641Ê	3		
(Document Number	of Corporat	on (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, thi	is <i>Florida P</i>	rofit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association," B. Enter new principal office address, if app (Principal office address MUST BE A STREE	"Corp," "Inc," or or the abbreviation licable:	"Co". Ap "P.A." [2	pany," or "incorporated" or the rofessional corporation name muss 2 Stock (2) 8 Wendock F1 33	abbreviation t contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFI</u>)				18 JAN 21 AH 8
D. If amending the registered agent and/or r new registered agent and/or the new regis			orida, enter the name of the	500 6
Name of New Registered Agent				_
	(Florida :	street address,	·)	_
New Registered Office Address:		(City)	, Florida	n Code)
		(Cily)	(24)	, coulcy
New Registered Agent's Signature, if changing	ng Registered Agei	nt:	anne de mellemation e Calmana (**)	
I hereby accept the appointment as registered a	gent I am familia.	r with and a i	ccept the obligations of the position	
	Signature of New	Registered	Agent, if changing	_

address of each Officer (Attach additional sheets, Please note the officer/dis P = President; V = Vice s Executive Officer; CFO s held. President, Treasure Changes should be noted	and/or D if necess rector title President = Chief F r, Directo in the fol ves the co	irector bei ary) e by the firs ; T= Treas Financial Cor would be lowing man prporation,	ing added: st letter of the officierer; S= Secrete officer. If an officer PTD. nner. Currently Sally Smith is n	fice title: ary; D= Directo acer/director hol John Doe is list	r; TR= Tru ds more the ed as the P:	irector being removed and title, name, and istee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>ì</u>	<u>Name</u>			<u>Addres</u> s
1) Change					<u> </u>	
Add						
Remove						
2) Change	_				_	
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change				 .		
Add						
Remove						
6) Change				· · ·		
Add					•	
Remove						

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	-
	<u> </u>
. If an amendment provides for an exchange, reclassification, or cance	ellation of issued shares,
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:

.	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after the second sec	
(no more than 90 days after t	imenament file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	
by	, "
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required. Dated	der action and shareholder
(By a director, president or other officer – if direct	ors or officers have not been
selected, by an incorporator - if in the hands of a r	
appointed fiduciary by that fiduciary)	
ELEDZAR M	EN DOS7
(Typed or printed name of pers)	on signing)
PRESIS	1~~
(Title of nerson sign	ning)