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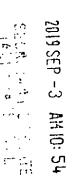




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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: NORTH RIVER	DR WESTAR CORP	
	BER: P17000097287		
	of Amendment and fee are s	ubmitted for filing.	·
Please return all corre	spondence concerning this ma	atter to the following:	
	RAMON G. VARELA		
		Name of Contact Perso	on .
	NORTH RIVER DR WEST		
		Firm/ Company	
	2750 NW NORTH RIVER I	• •	
		Address	
	MIAMI, FL 33142		
		City/ State and Zip Cod	le
cmor	amaria@aol.com		·/
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea		. 601-5405
Name of Contact Person		at (415 Area Co) de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		· · · · · · · · · · · · · · · · · · ·
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

NORTH RIVER OR WESTAR CORE

(Name of Corporation as currer	ntly filed with the Florida	Dent of State)		
P17000097287	net med with the Florida	Dept. of State)		
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporat	ion adopts the following	g amendn	nent(s) to
A. If amending name, enter the new name of the corporation:				
N/A			The ne	77.11
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co	corporated" or the a rporation name must	 bbreviatio	o <i>n</i>
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			20	-
			: SS	- +963 *780] 12 - 81
		•	<u>'-b</u>	
C. Enter new mailing address, if applicable:	N/A	•	٠ ن	ii E
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		***	· 圣	ું દેક કા ચ્ચ ો
		· · · · · · · · · · · · · · · · · · ·	- 0	'Acter ¹⁷
			<u> </u>	
D. If amending the registered agent and/or registered office ad-		e name of the		
new registered agent and/or the new registered office addre	SS:			
Name of New Registered Agent N/A			-	
(Florida s	street address)		•	
New Registered Office Address: N/A	· . <u>-</u>	, Florida		
	(City)	(Zip C	Zode)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		utions of the position.		
Signature of New	Registered Agent, if change	ing		

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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	DIANELY ESPINO	2750 NW NORTH RIVER DR
X Add			MIAM1, FL 33142
Remove			
2) Change			
Add			
Remove			 .
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	•		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)			
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			Secured above	
an amendment provides for an excha	ance reclassification			
an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification dment if not contain	<u>i, or cancellation of</u> ied in the amendme	ent itself:	
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification idment if not contain	i, or cancellation of ned in the amendme	ent itself:	
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provisions for implementing the amen	ange, reclassification	i, or cancellation of	ent itself:	
provisions for implementing the amen	ange, reclassification	n, or cancellation of	ent itself:	
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	n, or cancellation of	ent itself:	
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	n, or cancellation of	ent itself:	
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	n, or cancellation of	ent itself:	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	n, or cancellation of	ent itself:	

The date of each amendmen date this document was signed		if other than the
Effective date if applicable:	08/27/2019	
Estective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	•
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
08/27, Dated	/2019	
Signature _	PPS,	
96	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	RAMON G. VARELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	-