## 0.7000100524

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>·</del> #)
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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: \_\_ DOCUMENT NUMBER: P17000100524 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Roxana Mirabal, P.A. Firm/ Company 3650 NW 82 Avenue, Suite 505 Address Miami, Florida 33166 City/ State and Zip Code roxana@roxanamirabalpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roxana Mirabal Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Hanzo Property Holdings Corp.		
(Name of Corporation as curren	itly filed with the Florida Dept. of Sta	
P17000100524		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	: following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:	2208 Thomas Lynch Ct.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Orange Park, Florida 32073	19 5 S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2208 Thomas Lynch Ct.	129 PH
	Orange Park, Florida 32073	70 70
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	<del></del>
Name of New Registered Agent		<u></u>
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: · with and accept the obligations of the p	position.
Signature of New	Registered Agent, if changing	<del> </del>

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	PT	John Doe			
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	Р	Roxa	na Mirabal	11221 NW 73 Street	
Add				Doral, Florida 33178	
X Remove					
2) Change	Р	Patri	cia Del Rosario Almeida Brav	2208 Thomas Lynch Ct.	
× Add				Orange Park, Fl. 32073	
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				<u></u>	
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)	e(s) here:		
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f an amendment provides for an excl	hange reclassifica	tion, or cancellatio	n of issued share	<u>S.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not con	tained in the amen	ament itself:	
/	/			
			<del></del>	
/				
			·	
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	<del></del>	<del>-</del>		

The date of each amendment(s) adoption: $\frac{12}{20/2017}$ , 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 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 east 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.
06/26/2018 Dated
Signature Tolur Almul
(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)
Patricia Del Rosario Almeida Bravo
(Typed or printed name of person signing)
President
(Title of person signing)