## P11000100758

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## **COVER LETTER**

TO: Amendment Section Division of Corporations **NELSON RAMIREZ INC** NAME OF CORPORATION: P17000100758 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NELSON RAMIREZ** Name of Contact Person **NELSON RAMIREZ INC** Firm/ Company 3009 NW 132nd TERRACE Address OPA LOCKA, FL 33054 City/ State and Zip Code NR687175@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NELSON RAMIREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

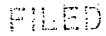
Clifton Building

Division of Corporations

Tallahassee, FL 32314

PO. Box 6327

## Articles of Amendment to Articles of Incorporation of



NELSON RAMIREZ INC			2012 HAR 29 P 3: 37
(Name of Corporation	on as currently filed	with the Florida Dept	of State)
P17000100758			77.14.74.74.74.75.75.74.73.74.74.74.74.74.74.74.74.74.74.74.74.74.
(Docum	ent Number of Corp	oration (if known)	Macana August actions
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	Statutes, this Floria	la Profit Corporation ac	dopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co".	company," or "incorpo A professional corpora	orated" or the abbreviation
D. Francisco de Grandina de Gr	_	N/A	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u></u> <u>(RESS</u> )		· <del>-</del>
C. Fatana and Milana Idana Idana Ilah			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	N/A	
D. If amending the registered agent and/or register	ed office address in	Florida, enter the nan	ne of the
new registered agent and/or the new registered		- I O I O I O I O I O I O I O I O I O I	ie or the
Name of New Registered Agent	N/A		
Name of Hes registered Agent			
	(Florida street ada		
	(r ibriau sireei aad	ressj	
New Registered Office Address:	<del></del>		, Florida
	(City)		(Zīp Code)
New Registered Agent's Signature, if changing Reg	stered Agent:		
I hereby accept the appointment as registered agent.	i am jamiliar with ai	ia accept the obligation:	s of the position.
1			
Signo	iture of New Registe	red 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	HIRAN RAMIREZ	3009 NW 132nd TERRACE
X Add			OPA LOCKA, FL 33054
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
	<del></del>	<del></del>	<del></del>
Add			
Remove	<b>)</b> N		
6) Change			
Add			
Remove			
1XCHIO3 C			

N/A
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)
N/A

	03/20/2018	
The date of each amendment date this document was signed.	s) adoption:	, if other than th
	03/20/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ 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.	
	c approved by the shareholders through voting groups. The following statement d 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)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
μ -	/2018	
Dated	1 1 2	
Signature /	lelson M	
(B sc	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 court pointed fiduciary by that fiduciary)	
	NELSON RAMIREZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	