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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Jon Ch	weds lo	<i>></i> ~	

Office Use Only



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JAN 17 2018

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	rations			
NAME OF CORPORA DOCUMENT NUMBI	DIOMANA	endez, P.A. D1729		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
_	Adrica	na Mendez		
	Adri M	Name of Contact Person Lendez P.A.		
	6411 5	Firm/Company W 16 Ter Micmi FL		
_	Micin	n. FL 33155		
_		City/ State and Zip Code		
	Adri Micim	: Homes@gmail.com	8 JAN	25.55 20.55 30.55
	E-mail address: (to be us	sed for future annual report notification)	-	육발표
For further information	concerning this matter, pleas	se call:	7 PM	
Adriano	Mendez	at (305) 323 - 8320	2: 30	8TATE
Name of	Contact Person	Area Code & Daytime Telephone Number		S. S.
Enclosed is a check for t	the following amount made	payable to the Florida Department of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
	ng Address dment Section	Street Address Amendment Section		
Divisi	on of Corporations	Division of Corporations		

I was told to send this to Tim and he will be Fix it.

Clifton Building

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		
Dri Mondez PA			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ing amend	ment(s) to
A. If amending name, enter the new name of the corporation: ACTICALCA MENGE 2 name must be distinguishable and contain the word "corporation."	PA	The n	ıew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverd "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name mus	abbreviati t contain i	ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_
		18	- <u>요</u> 첫째
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JAN I	
		7 7	18.00 J 18.00 J 19.00 J
			STAT
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:		0	SHO
Name of New Registered Agent		_	
(Florida stree	et address)	-	
New Registered Office Address:	, Florida		_
	City) (Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.		
Signature of New Re	gistered Agent, if changing	_	

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
_				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
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an amendment provides for an exchang	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amends	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
an amendment provides for an exchangerovisions for implementing the amendr (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
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The date of each amendment(s) adoption:late this document was signed.	, if other than th
Security did to the state of th	
(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, ocument's effective date on the Department of State's records.	this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
17-9 18	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not selected by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Adricina Mondez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	