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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: DUCENT 200 INC		
DOCUMENT NUM	BER: P18000002718		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ANDRES E CARENO		
		Name of Contact Pers	son
		Firm/ Company	
	8925 SW 172 AV APT H- 1	114	
		Address	
	MIAMI FL 33196		
		City/ State and Zip Co	ode
INFO	O@TAXESBYGEORGE.NET		
	_ 	sed for future annual repo	ort notification)
For further information	on concerning this matter, pleas	se call:	
ANDRES CARENO		at (<u>786</u>	2128356
Name of Contact Person		Area (Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:
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		Ame Divis	et Address ndment Section sion of Corporations on Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

DULCENT 200 INC

(<u>Name (</u>	of Corporation as currently	<u>r filed with the Florid</u>	<u>а реадени25 (атб</u> л! Ъ 3: 3 d	
	(Document Number of	Corporation (if known	O BALLABASULL FELA LA	, .
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corpora	etion adopts the following amendn	nent(s) to
A. If amending name, enter the new na	ime of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional c		m
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Muiling address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new			he name of the	
Name of New Registered Agent	TAXES BY GEORGE			
New Registered Office Address:	(Florida stre 7455 COLLINS AVE STE		. Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar y	eith and accept the obli		

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	EVANDRO DI MATEO	8925 SW 172nd AVE # H-1114
Add			MIAMI FL 33196
X Remove			
2) X Change	P/S	ANDRES L SALAZAR GOMEZ	8925 SW 172nd AVE # H-1114
Add			MIAMI FL 33196
Remove 3) X Change	VP	RAFAEL E URDANETA	8925 SW 172nd AVE # H-1114
Add			MIAMI FL 33196
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Article fonal sheets, if necessary). (Be specific)			
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<u> </u>					· <u>···</u>
fan omoad	mant nuceidae for an ar aban	as assignation	ou consollation of i		
provisions	ment provides for an exchanging the amendi	ment if not contains	ed in the amendmer	ssueu snares, at itself:	
(if not o	pplicable, indicate N/A)				
			•		
				· · · ·	

The date of each amendment(s) adoption:	, if other than
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 document's effective date on the Department of State's records.	not be listed as
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 cast for the amendment(s) was/were sufficient for approval	
by''	
(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.	
Dated 09/21/2018	
Signature	
(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)	
ANDER SHATOTT	
(Typed or printed name of person signing)	
President / Secretary	<u> </u>
(Title of person signing)	

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