P18000012501

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Secti Division of Corpo			, ·	
		RINVER	(000	
NAME OF CORPOR	ATION:			
DOCUMENT NUMB	BER: P18	00001250)	2018 OCT 31
The enclosed Articles of	of Amendment and fee are su	bmitted for tiling.		<u> </u>
Please return all corres	pondence concerning this ma	tter to the following:		2
		tosè le	3 ~	PARTS TO
-	•	Name of Contact Person	n	
		LBS		
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-		Address		
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	E-mail address: (to be us	sed for future annual report		
For further information	concerning this matter, plea	se call:		
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<u> </u>	£. L € 0 + 1	at (<u>34</u> .)-	de & Daytime Telephone Num	<u> 19. </u>
Name o	of Contact Person	Area Co	de & Daytime Telephone Num	iber
Enclosed is a check for	the following amount made	payable to the Florida Depo	artment of State:	
\$35 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)	
	ling Address		Address	
	ndment Section sion of Corporations		lment Section	
	Box 6327		on of Corporations Building	
F.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Anticles of Anticles of Anticles	nendment :
Articles of Inco	orporation O. S.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 180000 12 501	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Martha Lucia Salcedo	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	API Ives Dairy Pd API 307C Miami FL 33179
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	47 Ives Dairy Rd APT 307 C Miami FZ 33179
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the
•	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida

(Zip Code)

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nìth</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add	_			
Remove				
4) Change				
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Add				
Remove				

(Attach de	lditional sheets	s, ij necessary)	. (ne speciji				
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F. Ifanam	endment nrov	ides for an ex	change reclas	sification or	cancellation of iss	ued shares	
provisio	ns for implem	enting the an	rendment if n	ot contained i	n the amendment	itself:	
(1)	ot applicable,	inaicaie ivis)					
				<u> </u>			
							
	<u> </u>				<u>.</u> .	•	

The date of each amendment(s) adoption: 10 29 20 (8) date this document was signed.	, if other than the
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 dadocument's effective date on the Department of State's records.	ite will not be listed as the
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.	s)
☐ 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):	ent
"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 shareholder action was not required.	2F
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature WONTH SCHOOL	
(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 cour appointed fiduciary by that fiduciary)	1
Hashon Serleel	O
(Typed or printed name of person signing)	
pesillent	
(Title of person signing)	