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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: REPRESENTACIO	NES COX, CORP	
DOCUMENT NUMBI			
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
I	LENNOX COX		_
_	<u> </u>	Name of Contact Person	
i i	REPRESENTACIONES COX	(
-	<u> </u>	Firm/ Company	
1	9249 CLOISTER LAKE LN	ſ	
-		Address	<u> </u>
I	BOCA RATON FL 33498		
-		City/ State and Zip Code	2
NELL	YCADAGAN@HOTMAIL.0	COM	
	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		V220070
NELLY CADAGAN		at (8220979 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

REPRESENTACIONES COX. CORP

(Name of Corporation as currently f	iled with the Florida Dent. of State)
· 	ned with the t lot lan Bept or State,
P18000022045 (Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitics</i> of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name musi contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 E
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u></u>
(Florida stree	t address)
N. D. Seerand Office Address:	. Florida
New Registered Office Address:(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	

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{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT	JUNIOR COX	19249 CLOISTER LAKE LN
_ Add			BOCA RATON FL 33498
x Remove			
2) Change	VP	LENNOX COX JR	19249 CLOISTER LAKEE LN
Add			BOCA RATON FL 33498
x Remove			
3) Change	PT	LENNOX JUNIOR COX	19249 CLOISTER LAKE LN
X Add			BOCA RATON FL 33498
Remove			
4) Change	VP	LENNOX COX SR	19249 CLOISTER LAKE LN
X Add			BOCA RATON FL 33498
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) t (Be specific)			
		<u> </u>		·
		<u> </u>		
			<u> </u>	
		<u> </u>		<u>_</u>
				
an amendment provides for an excl	l	or concellation of it	senad shures	
an amendment provides for an exc	<u>nange, reclassification</u> endment if not contair	ed in the amendmen	t itself:	
provisions for implementing the ame				
provisions for implementing the amo (if not applicable, indicate N/A)				
provisions for implementing the ame				
provisions for implementing the ame			<u> </u>	
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	03/09/2018	to a la la
The date of each amendment(s)	adoption:	, it other than the
late this document was signed.	/15/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following st or each voting group entitled to vote separately on the amendment(s)	atement);
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ler
03/09/20 Dated	NNPX PIPION COX	
√By a selec	a director, president or other officer – if directors or officers have not eted, by an incorporator – if in the hands of a receiver, trustee, or othe sinted fiduciary by that fiduciary)	been er court
	LENNOX JUNIOR COX	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	