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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TSMERYS MOTOLA, P.A.  RIPPLE MOTOLA, P.A.  Firm/ Company  RODOSWISD WILL HOS  Address  MIAMI FL 33193  City/ State and Zip Code  15 merys meal toke amul. Com.  E-mail address: (to by used for future annual report nonyteation)
For further information concerning this matter, please call:
TSMERUS MOTO LA at 786,532-4472  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	-		
TENTANG NOTOLA PA OL	8000	) / j -	3112
(Document Number of Corporation (if known)	<u> </u>	<u> </u>	- //
v v			mitte\ ta
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folits Articles of Incorporation:	towing an	tename	m(s) 10
A. If amending name, enter the new name of the corporation:			
ISMERUS ROSA MOTOLA ARANGO, P			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbre must cont	viation ain the	t r
SAILE 1			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>		105
80002M129(	Jue	#	108
MIANI, FL3	<u> 319</u>	3_	
C. D. Add w. Sandlashia			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		25	77
new registered agent and/or the new registered office address:		.~) (10)	1
Name of New Registered Agent	<del></del>	TO.	ED
	····	نب	\
(Florida street address)	٠.	⊋	
New Registered Office Address:, Florida,	(Zip Cod		
(City)	(Zifi Cou	r)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agon. I am familiar with and accept the obligations of the pos	ition.		
<b>\</b> _			
	- <del></del>		
Signature of New Registered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add			
Remove		~	
2) Change			X
Add			<u></u>
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tuch additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
men administration, y necessaryy.	(in appendix)
<u> </u>	
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	hanne variossification as cancellation of issued charge
in amenument provides for an excl rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	/
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del> _
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
10/30/2018	
Dated / O / SO / GO / GO	
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)	
$\mathcal{T}_{\mathcal{L}}$	
TSMERYS ROSA MUTUCA TARAN (Typedfor printed name of person signing)	<u>60</u>
DRESINENT:	
(Title of person signing)	