P1800033077

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
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FILED
2018 JUN-1 PH 3: 40
SECRETARY OF STATE

C. GOLDEN
JUN - 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

. .

NAME OF CORPOR	RATION: DEL RINCON RO	OCHIN CO			
DOCUMENT NUME	BER: P18000033077				
	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	itter to the following:			
	SAUL VELEZ				
		Name of Contact Person	n		
	B AND P CONSULTANTS	SERVICES INC			
		Firm/ Company			
	3501 W VINE ST STE 318				
		Address			
	KISSIMMEE FL 34741				
		City/ State and Zip Cod	<u> </u>		
		·			
ERG.	590@YAHOO.COM				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
SAUL VELEZ		at (<u>407</u>	846-1040		
Name of Contact Person		Area Code & Daytime Telephone Number			
			A POLA		
Enclosed is a check to	r 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mai	ling Address	Street	Address		
Ame	endment Section	Amend	lment Section		
Division of Corporations Division of Corporations					
	Box 6327		Clifton Building		
Talla	ahassee, FL 32314	2661 1:	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

DEL RINCON ROCHIN CO			2018	JUN - I	PM 3: 41
(Name of Cor	poration as currently	filed with the Florida De	ept. of State)		
P18000033077			TAL	LAHASSE	OF STATE E.FLORIDA
	Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>F</i>	Iorida Profit Corporation	adopts the follo	wing ameno	lment(s) to
A. If amending name, enter the new name of	the corporation:				
N/A				The I	naw
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc." or "C	'a". A professional corp		e ahbreviai	tion
B. Enter new principal office address, if app	licable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)					_
				· · ·	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/A			_
					_
D. If amending the registered agent and/or r new registered agent and/or the new regis		ess in Florida, enter the n	ame of the		_
N/A	3000				
Name of New Registered Agent					
	(Florida stre	at subdences			
	Trivital sire	A Buda Essy			
New Registered Office Address:		City)	, Florida	Zip Code)	_
		•		•	
New Registered Agent's Signature, if changing		tale and a second of this are	turi Calina in siat		
I hereby accept the appointment as registered a	gent, -i am jamutar w	ин ана ассері іне овидан	ons of the position	on.	
	Signature of New Re	gistered Agent, if changin	g		

. 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Del Rincon Gutierrez, Edgardo	508 Marcello Blvd
Add			Kissimmee, FL 34746
Remove			
2) Change	DIR	Del Rincon Rochin, Edgardo	508 Marcello Blvd
Add			Kissimmee, FL 34746
X Remove			
3) Change	DIR	Del Rincon Rochin, Edgardo	508 Marcello Blvd
Add			Kissimmee, FL 34746
X Remove			
4) Change	DIR	Del Rincon Rochin, Natalia	508 Marcello Blvd
Add			Kissimmee, FL 34746
X Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

	(Be specific)
·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/4)	
(if not applicable, indicate N/A)	

	05/18/2018	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	5/18/2018	
Effective trate in applicable:	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follofor each voting group entitled to vote separately on the amend	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action are adopted by the incorporators without shareholder action and sh	
05/18/2 Dated Signature	018	
(By sele	a director, president or other officer – if directors or officers hacted, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	
	EDGARDO DEL RINCON GUTIERREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	