P18000035479

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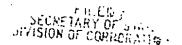
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TO: Amendment Section Division of Corporations

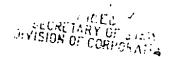


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NAME OF CORPORATION: BORRELL FAMIL	.Y, CORP.		•
DOCUMENT NUMBER: P18000035479			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
LESTER BORRELL TORRI	ES		
	Name of Contact Person		
BORRELL FAMILY, CORP	•		
	Firm/ Company		
5212 30th ST SW			
	Address		
LEHIGH ACRES. FL 33973			
	City/ State and Zip Code		
YCARDOSO3@HOTMAIL.COM			
~	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
LESTER BORRELL TORRES	at (362-7210	
Name of Contact Person		le & Daytime Telephone Number	_
Enclosed is a check for the following amount made [payable to the Florida Depa	rtment of State:	
\$35 Filing Fee \$\text{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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of



BORRELL FAMILY, CORP.

(Name of Corporation as currently filed with the Florida D P18000035479 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 new registered agent and/or the new registered office address: N/A Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) 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

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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	LAZARO R YZQUIERDO TORRES	452 SW 19TH AVE
X Add			CAPE CORAL, FL 33991
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	•		
Remove			
6) Change			
Add			
Damasa			

(Attach <i>ac</i>	ling or adding additiona Additional sheets, if necess	ary). (Be specific)	mge(s) nere.			
N/A						
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. <u>If an am</u> e	endment provides for a	exchange, reclassi	fication, or cance	llation of issued s	hares,	
<u>provisio</u> (if n	ons for implementing the not applicable, indicate N	amendment if not	contained in the	amendment itself	<u>:</u>	
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	07/23/2018	if oak oo ah oo ah
The date of each amendment date this document was signed.	•	, if other than the
) Effective date <u>if applicable</u> :	07/23/2018	
rifective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	his block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK QNE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nent(s)
	e approved by the shareholders through voting groups. The following stad 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/wer action was not required.	e adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and sharehold	er
07/23 <i>i</i> Dated		
Dated	10	
Signature Y	A 9	
(B	y a director, president or other officer – if directors or officers have not lected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	LESTER BORRELL TORRES	
	(Typed or printed name of person signing)	1 N/A - (K
	PRESIDENT	
	(Title of person signing)	