Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000145626 3)))



H180001456283ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC

Account Number : I20160000041 Phone : (407)443-8973 Fax Number : (407)930-2626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN PLASTYQUIM CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

RECEIVED

MAY-9 PH 1: L

Electronic Filing Menu

Corporate Filing Menu
G. GOLDEN

Help

MAY 1 0 2018

MAY O AM

COVER LETTER

Division of Corpor	rations		
NAME OF CORPOR	ATION: PLASTYQUIM CO	ORP	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
1	DESIREE TORRES	_	
		Name of Contact Person	1
\$	SICONT ENTERPRISES OF	AMERICA INC	
-	<u> </u>	Firm/ Company	——————————————————————————————————————
!	3574 VILLAGE PARK DR	STE 250	
_		Address	
. (ORLANDO FL 32837		
-		City/ State and Zip Code	3
SICON	T@LIVE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	sc call:	
DESIREE TORRES		at (407	443-8973
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	irtiment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
• •	hassee, FL 32314	2661 E	Executive Center Circle assee, FL 32301

sicont

H18000 145 6263

FILED

Articles of Amendment to Articles of Incorporation of 2010 MAY -9 AM 10: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLASTYQUIM CORP	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P18000040165	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	progration:
	The new
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>	DRESS)
C. Enter new mulling address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Avent	
	(Florida sirees address)
New Registered Office Address:	. Florida
New registered Office Address.	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
Sign	nature 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; Y = 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.

X Change	<u>PT</u>	John Do	Ė	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Salty Sn	nith .	
<u>Type of Action</u> (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP/S	_	Sin Pulgar Hector Alexander	1762 Penrith Loop
X Add				Orlando Fl 32824
Remove			• .	
2) Change		_		<u> </u>
Ad d				
Remove				
3) Change		_		
Add			•	
Remove				
4) Change		. _		
Add				
Remove				
5) Change	· · · · · · · · · · · · · · · · · · ·			
Add				
Remove				
6) Change		_		
Add				
Remove		•		

Page 2 of 4

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
<u></u>	
	<u> </u>
	<u> </u>
<u></u>	
	hange, reclassification, or equeellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) (licient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
05/09/2018	٨	
Dated	-1	
Olamatura.	/W)	
Signature (By a d	irecto, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	CARLOS ALBERTO SIU PULGAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	