# P1800043817

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

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2018 JUL -9 PH 3: 19
SECRETARY OF STATE
AND ASSEE, FLORIDA

C. GOLDEN
JUL 1 1 2019

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		TIENANCE CORPORATI	ON
	8000043817		
The enclosed Articles of Amen	dment and fee are sul	bmitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
1.UCIA	HELENA RODRIGU	ЛES	
		Name of Contact Persor	1
PERSO	NAL		
6619, B	URNINGWOOD DR	Firm/ Company JVE # 273	
BOCA	RATON, FL, 33433	Address	
		City/ State and Zip Code	2
LUCIARSEL	LS@GMAIL.COM		
E-1	nail address: (to be us	ed for future annual report	notification)
For further information concer	ning this matter, pleas	e call;	
LUCIA HELENA RODRIGU	ES		445-8960 
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	payable to the Florida Depa	artment of State:
	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)
Mailing Ade Amendment Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301



June 21, 2018

LUCIA H. RODRIGUES 6619 BURNINGWOOD DRIVE BOCA RATON, FL 33433

SUBJECT: STRAVATO MAINTENANCE CORP

Ref. Number: P18000043817

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 718A00012965



May 25, 2018

LUCIA H. RODRIGUES 6619 BURNINGWOOD DRIVE BOCA RATON, FL 33433

SUBJECT: STRAVATO MAINTENANCE CORP

Ref. Number: P18000043817

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please clarify the names of your officers; list the first name, middle name and last name and signature how it should appear on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 418A00011008

www.sunbiz.org

#### Articles of Amendment to Articles of Incorporation of

FILED

STRAVATO MAINTENANCE CORP

2018 JUL -9 PM 3: 19

(Name of Corporation as current	tly filed with the Florida Dept. of State) SECRETARY OF
	TALLAHASSEÉ, F
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	NO CHANGES
k. 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)	NO CHANGES
<ol> <li>If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses</li> </ol>	
NO CHANGES	_
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: 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 Doc	
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
X 1) Change	P	MARCUS VINICIUS, STRAVATO Comes	6097 BALBOA CIRCLE # 402
Add			BOCA RATON, FL. 33433
Remove			
X 2) Change	VP	JULIANA, STRAVATO MENDONCA	6097 BALBOA CIRCLE # 402
Add			BOCA RATON FL 33433
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Келюче			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

#### **PRESIDENT**

FIRST NAME

LASTNAME

MARCUS VINICIUS

STRAVATO GOMES

**VICE PRESIDENT** 

FIRST NAME

LASTNAME

**JULIANA** 

STRAVATO MENDONCA

This change is necessary because this is the way their Social Security cards were issued and the bank it's not accepting the way the business was created.

I'm a friend helping them with the opening of their business, and will really appreciate your help to solve this matter.

Sincerely,

Lucia H. Rodrigues

ttach additional sheets, if necessary).	(Be specific)			
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		<del></del>		
		<del></del> -	<del></del>	··
an amendment provides for an excl	nange, reclassification	n, or cancellation of	issued shares,	
provisions for implementing the ame	ndment if not contain	ned in the amendm	ent itself:	
tif not applicable indicate MA				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)	<del> </del>			<del></del>
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

	02/07/2018
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
07/10/19	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)
	(no more than 90) days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (9	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	
(	voting group)
action was not required.	he board of directors without shareholder action and shareholder he incorporators without shareholder action and shareholder
action was not required.	ik nkorporators without statemorder action and statemorder
JULY, 02nd, 2018	
Dated	
(By a director, pi selected, by an i	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court any by that fiduciary)
JULIAN	A STRAVATO MENDONCA
	(Typed or printed name of person signing)
VICE PI	RESIDENT
	(Title of person signing)