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.

(((H19000031069 3)))



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 : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120138800076 Phone : (305)388-7028

Fax Number : (305)479-2705

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CARPACA SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JAN 2.9 2019

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

## CARPACA SERVICES CORP

	THE SELECTION OF THE SE					
(Name of Corporatio	n as corrently filed	with the Florida Dep	t, of State)			
	P18000048	844				
(Docume	ent Number of Corp	oration (if known)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florid	la Profit Corporation t	dopts the follow	ring ame	ndment	(s)
A. If amending name, enter the new name of the cor	rporation:					
N/A				The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association." or the d	" "Inc." or "Co".			abbrevi	ation	
				<del></del>	<del></del>	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				<u>;</u>		
1,				<u> </u>	<u>.</u>	
				<u>.</u>	~	~
				F7.1	<u>က</u>	
C. Enter new mailing address, if applicable:					76- 245	-
(Mailing address MAY BE A POST OFFICE BOX	Ø			7	٠٠,-	
	_			<del></del>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the na	me of the			
Name of New Registered Agent						
	(Florida street ada	lress)	<del>-</del>	_		
New Registered Office Address:			. Florida			
	(City)			p Code)	<del></del>	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with an	nd accept the obligation	ns of the position	ī.		
Signa	ture of New Register	red 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 = Chairmon 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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	P	RUBIA E GARCIA SANCHEZ	16500 SW 137TH AVENUE
X Add			APT. # 838
Remove			MIAMI, FL 33177
2) Change	VP	LUIS F CARVALLO PAEZ	16500 SW 137TH AVENUE
X Add			APT. # 838
Remove			MIAMI, FL 33177
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<b>の</b> Change			
Add			
Remove			

E. <u>If amendi</u> (Attach <i>ad</i>	ng or adding additional Ar ditional sheets, if necessary).	ticles, enter change (Be specific)	e(s) here:		
N/A					
, , , , , , , , , , , , , , , , , , ,			-,,		
				<del></del>	
<u>-</u>					
				<del></del>	
					<u></u>
				<del></del>	
				<u> </u>	
		<del></del>			··· · · · · · · · · · · · · · · · ·
<u>.</u>					
<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>			
			· <del>- · · · · · · · · · · · · · · · · · · </del>	<del></del> _	
?. If an ame	ndment provides for an exc	hange reclassifics	tion or cancellat	ion of issued share	
provislo	ns for implementing the am	endment if not cor	tained in the ame	indment itself:	<u> </u>
(1 <i>) 1</i> 1. N/A	ot applicable, indicate N/A)				
			. –		
		<del> </del>	<del> </del>		
				<del></del>	<del></del>

The date of each amendment		, if other than the
late this document was signed	01/25/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weby the shareholders was/was/was/was/was/was/was/was/was/was/	c adopted by the shareholders. The number of votes east for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following state and for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote:	cast for the amendment(s) was/were sufficient for approval	
by	n	
	(vating group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	01/25/2019	
Signature	Flena Carrello	
( <b>F</b>	y a director, president or other officer - if directors or officers have not bee	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	burt
	ELENA I CARVALLO GARCIA	
	(Typed or printed name of person signing)	<del></del>
	SECRETARY	
	(Title of person signing)	