DOULO

(Requestor's Name)	
(Address)	
(Address)	
PEPUN DE GALICIA QUI	QF.
8206 DONALPSUN DR	, .
TAMPA FL. 336/5	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



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SACRE MASSEE, FLORIDE

TALLANKSSEE, FLORIDE

AUG 2 7 2016 S. YOUNG



July 20, 2018

PEPON DE GALICIA CORP 8206 DONALDSON DRIVE TAMPA, FL 33615

SUBJECT: PEPON DE GALICIA CORP

Ref. Number: P18000052412

We have received your document for PEPON DE GALICIA CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 518A00014966

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PEPON DE GALI	CIA CORP.	
DOCUMENT NUM	BER: P18000052412	·	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JORGE L PEREZ		
		Name of Contact Person	n
	PEPON DE GALICIA CORI	P	
		Firm/ Company	
	8206 DONALDSON DRIVE		
		Address	
	TAMPA, FL. 33615		
		City/ State and Zip Cod	e
iorae	e.luisp1970@gmail.com		
, , ,		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JORGE L PEREZ		at (⁸¹³	8102072
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.C	illing Address sendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section On of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PEPON	DE	GA	LICIA	z coi	RΡ

(<u>Name</u>	of Corporation as curre	ntly filed with the Florid	a Dept. of State)		
P18000052412					
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the follow	ing amend	lment(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The n	iew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	· "Co". A professional c			
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S					_
					-
			· · · · · · · · · · · · · · · · · · ·		_
	C. Enter new mailing address, if applicable:		T- :		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		T	<u>∴</u> ∴ <u>≥</u>	_
			=======================================	<u>-</u> , 55	-=
				<u> </u>	<u>_</u> m
D. If amounting the projection of agent and	d/nuinternal office ad	ldussa in Elevida, enter t	<u>.</u>	. ; ₩4	つ
D. If amending the registered agent ar new registered agent and/or the new registered agent are new registered.			ie name of the		
Name of New Registered Agent	N/A		Ĩ.	क क	
Traine of New Negister Co Figure					
	(Florida	street address)		_	
No Designed Office Address	N/A	,	N/A . Florida		
New Registered Office Address:		(City)		n Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist			aations of the position		
Thereby decept the appointment as regist	,	•	gations of the position.	•	
	1	J/ A.			
				_	
	Signature of New	Registered Agent, if char	ıgıng		

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A		N/A	Ν/Λ
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add		_		
Remove				
6) Change		_		
Add				
Remove				

. <u>If am</u> (Attac	nending or adding additional Articles, enter change(s) here: The additional sheets, if necessary). (Be specific)
WILL	DIRECT YOU THIS LETTER TO BE ABLE TO ELIMINATE MY SECOND SURNAME [BAHAMONDE]
JUST V	WANT TO SHOW IN MY CORPORATION [JORGE L PEREZ] THANKS.
	<u> </u>
-	
_	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
'Λ	
	

	AUGUST 23 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N _i	Ϋ́Λ	
Effective date <u>if applicable</u> :	() () () () () () () () () ()	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
AUGUS"	F 23 2018	
DatedSignature	Man	
	director, president or other officer – if directors or officers have not been	<u> </u>
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	JORGE L PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 -