## P18000056385

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SECRETARY OF STATE
JIVISION OF CORROCATIAN

Mr. 0.0 5018

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:BALLESTEROS CORP						
DOCUMENT NUMBER: P18000056388						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
EDUARDO O BALLESTER GONZALEZ						
Name of Contact Person						
BALLESTEROS CORP						
Firm/ Company						
8914 NW 120 TERRACE						
Address						
HIALEAH GARDENS, FL 33018						
City/ State and Zip Code						
catellez1@hotmail.com						
E-mail address: (to be used for future annual report notification)						
,						
For further information concerning this matter, please call:						
EDUARDO O BALLESTER GONZALEZ 786 5693303						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certified Copy Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

## Articles of Amendment to Articles of Incorporation of

P1800056388	ly filed with the Florida Dept. of State)		" " " " " "	
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(Document Number o		4	<b>1</b>	
(17) etation (Miniber 0	of Corporation (if known)	-	÷ 1	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amer	e. noment(s) to	
A. If amending name, enter the new name of the corporation:				
		The	DOW.	
name 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 mu	abbrevia	ation	
B. Enter new principal office address, if applicable:	8914 NW 120 TERRACE			
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH GARDENS, FL 33018		_	
C. Enter now multipe address if applicable.			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8914 NW 120 TERRACE			
	HIALEAH GARDENS, FL 33018			
D. IF			_	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address				
The state of the s				
Name of New Registered Agent		_		
Name of New Registered Agent	rvet address)			
Name of New Registered Agent	rvet address) . Florida			

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			
Add			<del></del>
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			-
4) Change		<del>_</del>	
Add			~ <del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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1 an amendment provides for an exen-	nange, reclassification, or cancellation of issued shares,
nearesone tar implementing the enter	nument it not contained in the amenument usen;
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(if not applicable, indicate N/A)	

	06-27-2018	
The date of each amendment(s) a date this document was signed.	deption:	, if other than the
	27-2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme afficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	rment
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06-27-20 Dated	18	
	<del></del>	
Signature	<i>9</i>	
select	lirector, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	ourt
	EDUARDO O BALLESTER GONZALEZ	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	