18000058407

(Requestor's N	ame)
(Address)	
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(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
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(Business Entit	y Name)
(Document Nur	mber)
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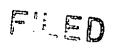
C. GOLDEN MAR 2 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HATA ENTERPR	ISES INC	
DOCUMENT NUMI	BER: 18 DOOC	58407	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	•
Please return all corres	spondence concerning this ma	tter to the following:	
	YAHUMARA ALVAREZ		
		Name of Contact Person	1
	HATA ENTERPRISES INC		
		Firm/ Company	
	2111 SW SANTA BARBRA	PL SUITE#104	
		Address	
	CAPE CORAL, FL 33991		
		City/ State and Zip Cod	2
CAR	LOSALV70@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
YAHUMARA ALVA	REZ	at (239	590-5432
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
	ling Address		Address
	ndment Section		ment Section
	sion of Corporations Box 6327		on of Corporations
	box 6327 hassee, FL 32314		Building xecutive Center Circle
i and	massee, i to see la		assee, FL 32301

Articles of Amendment to Articles of Incorporation of



HATA ENTERPRISES INC

2019 HAR 18 PM 5: 57

(Name of Co	orporation as currently filed with the Florida	Dept. of State)
	P18000058407	Arrada ist F
	(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporal</i>	tion adopts the following amendment(s)
. If amending name, enter the new name	of the corporation:	
		The new
	the word "corporation," "company," or "ir n "Corp," "Inc," or "Co". A professional co ," or the abbreviation "P.A."	
Enter new principal office address, if ap Principal office address MUST BE A STRE		
		
. Enter new mailing address, if applicable	le:	
(Mailing address MAY BE A POST OFF		
If amonding the registered goest and (see	- unnintered office address in Florida, autout to	
new registered agent and/or the new reg	registered office address in Florida, enter the gistered office address:	e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if chang	ging Registered Agent	
	agent. I am familiar with and accept the oblig	gations 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	VP	_	CARLOS ALVAREZ	1129 SW 40TH TERR
X Add				CAPE CORAL, FL 33914
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				.
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
kemove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
<u> </u>			·		
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-	•			•	
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f an amen	dment provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
(if not	for implementing the ame applicable, indicate N/A)	enament it not cont	ained in the amend	ment itseit:	
(9	approance, marcare (ma)				
		·			
			 		
					

The date of each amendment(s) a date this document was signed.	doption:, if	f other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated		
Signature Y		
	lirector, 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 ited fiduciary by that fiduciary)	
аррош		
	Vahumara Alvarez.	
	(Typed or printed name of person signing)	
	Paesident.	