P180000 62472

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Vela Mayor		<u>.</u>
DOCUMENT NUM	BER:		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Patricia Chiarini		
		Name of Contact Person	n
		Firm/ Company	
	4278 Derby Dr		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Davie , FL 33330		
		City/ State and Zip Cod	e
nerio	amaya@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Nerio Amaya		786 at (420-0241
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Vela Mayor				
(Name	of Corporation as currently	filed with the Florida Dept. of State)		
P18000062472				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the follo	wing amendr	ment(s)
A. If amending name, enter the new na	ame of the corporation:			
			The ne	
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the or or the or or the or the or		
B. Enter new principal office address,	if annlicable:	10648 Fontainebleau Blvd, Miami, FL	, 33172	
(Principal office address MUST BE A S				-
				-
				-
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		10648 Fontainebleau Blvd, Miami , FL	, 33172	_
				-
				-
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the		
Name of New Registered Agent	10648 Fontainebleau Blvd			
	(Florida stree	et address)		
V D : 10m	Miami	, Florida	72	
New Registered Office Address:		City) , Florida, Florida	(Zip, Code)	-
			(Zip Code) 2019 JUN 14	
New Registered Agent's Signature, if of I hereby accept the appointment as regis		ith and accept the obligations of the positi		
, ,	,		C /	
		•	AM 10: 48	
	Signature of New Re	gistered Agent, if changing	₩ 4.8	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Thera 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	AR	Patricia Chiarini	4278 Derby Dr., Davie , FL 33330
Add X Remove			
2) Change	Р	Nerio Amaya	10648 Fontainebleau Blvd
X Add			Miami, FL, 33172
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: if other that
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
06/10/2019
Signature Satter de Claren
(By adirector, 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)
Patricia Chiarini
(Typed or printed name of person signing)
AR / President
(Title of person signing)