# 180000665°

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SEP 0 7 2018

D CUSHING

CORP

#### COVER LETTER

TO: Amendment Section Division of Corpo		
NAME OF CORPOR	ATION: Montesi Corp P18000066599	
	of Amendment and fee are submitted for filling.	
	· ·	
Picase return an corresp	pondence concerning this matter to the following:	
	Karolina Toires  Name of Contact Person  KTorres Served Corp  Firm/ Company	
-	Name of Contact Person	
	KTOPPES SERVICES COND	
-	Firm/ Company	
_	600 S Federal Huy Ste 207	
	Address	
_	Durfild Beach, R 33441 City/ State and Zip Code	
	City/ State and Zip Code	
	Ktorres & Ktorres services. Win	
	E-mail address: (to be used for future annual report notification)	
For further information	r concerning this matter, please call:	
Kanolik	na Torres a. 561, 5620814	
Name o	of Contact Person Area Code & Daytime Telephone Nun	iber
Enclosed is a check for	r the following amount made payable to the Florida Department of State:	
7 \$35 Filing Fee	\$43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy	

enclosed)

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)



August 22, 2018

KAROLINA TORRES KTORRES SERVICES CORP 600 S FEDERAL HWY, STE 207 DEERFIELD BEACH, FL 33441

SUBJECT: MONTESI CORP Ref. Number: P18000066599

We have received your document for MONTESI CORP. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Letter Number: 018A00017424

Diane Cushing Senior Section Administrator

### **Articles of Amendment** 10 Articles of Incorporation

Montesi Corp

## (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

If amending name, enter the new name of th	ne corporation:		
			The new
ne must be distinguishable and contain the orp," "Inc.," or Co.," or the designation "Crd "chartered." "professional association," or	'orp," "Inc," or "Co". A professional co		
Enter new principal office address, if applic incipal office address MUST BE A STREET.			
	<u></u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	-		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		<del></del>
If amending the registered agent and/or reg new registered agent and/or the new registe		e name of the	
		e name of the	
new registered agent and/or the new registe		e name of the	
new registered agent and/or the new registe		e name of the	-
new registered agent and/or the new registe	ered office address: (Florida street address)		
Name of New Registered Agent	ered office address:		- Code)
Name of New Registered Agent	ered office address: (Florida street address)		Code
Name of New Registered Agent  New Registered Office Address:	ered office address:  (Florida street address)  (City)		1-
Name of New Registered Agent	ered office address:  (Florida sireet address)  (City)  Registered Agent:	, Florida(Zip	1-
new registered agent and/or the new registe  Name of New Registered Agent  New Registered Office Address:  w Registered Agent's Signature, if changing	ered office address:  (Florida sireet address)  (City)  Registered Agent:	, Florida(Zip	1

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: XChange	<u>PT John I</u>	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
<u>X</u> Add	SV Sally	<u>Smith</u>		
Type of Action (Check One)	<u>Ti</u> tle	<u>Name</u>	<u>Address</u>	
1) Change	Dir/5	Patricia M	iontesi Peneira - 2592 Carambola Cir	٨
X $Y$	,		Coconut Creek, FL	
Remove	1		<u> 33066</u>	
2) Change	Dirt	Fernanda	Montesi Breia. 2592 Carambola Cir.	٨
_X_ Add	·		Escenut acek, PC	
Remove			<u> 33066</u>	
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
1
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
-N/A

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory tiling requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
☐ 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.	
Signature    Dated   D8   14   2018	
Diva Monksi da Silva (Typed or printed name of person signing)	
President	
(Title of person signing)	