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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: DON FEFE CORI	PORATION					
DOCUMENT NUMBI	ER: P18000073343						
	f Amendment and fee are st	ibmitted for filing.					
Please return all corresp	ondence concerning this ma	itter to the following:					
Y	'ENNY HERNANDEZ						
_	Name of Contact Person						
1	DON FEFE CORPORATION						
		Firm/ Company					
1	14425 BABYLON WAY						
_		Address					
C	ORLANDO, FL. 32824						
_		City/ State and Zip Cod					
		.,	•				
pemeca	∉@hotmail.com						
	E-mail address; (to be us	sed for future annual report	notification)				
For further information	concerning this matter, plea-	se call:					
	the state of the s	in this					
PEDRO MENDOZA		at (256-9643				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

DON FEFE CORPORATION

•	tly filed with the Florida Dept. of State)
P18000073343	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. <u>If amending name, enter the new name of the corporation:</u> N/A	
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 must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>8:</u>
Name of New Registered Agent N/A	
N/A	
(Florida st	treet address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New 1	with and accept the obligations of the position. 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; F = 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.

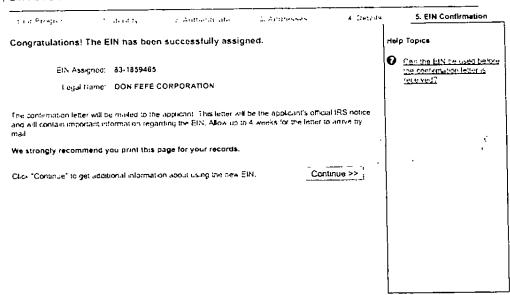
Example: <u>X</u> Change	<u>PT</u>	John D	<u>Ooc</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> 8
1) Change	T		MARJORIF FACENDA	14425 BARYLON WAY
X Add				ORLANDO, FL, 32824
Remove				
2) Change	-	_		
Add				
Remove				
3 1 Change		_ <u>_</u>		
Add				
Remove				
41 Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amandmant provides for an eyeb	hange, reclassification, or cancellation of issued shares.
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The education of course assessment as one	09/15/2018	:6
The date of each amendment date this document was signed.		, if other than the
date this document was signed.	09/15/2018	
Effective date if applicable:	0.213.2010	
	(no more than 90 days after amendment tile date)	<u> </u>
	his block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was we	c adopted by the shareholders. The number of votes cast for the amendmente sufficient for approval.	u(s)
	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	ment
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	•
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
09/15/	2018	
Dated		
Signature	y a prector, provident or other officer - if directors or officers have not bee	
	legated by an incorporator — if in the hands of a receiver, trustee, or other co	
ap	pointed induciary by that fiduciary)	ш
	PEDRO MENDOZA	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	



, EIN Assistant



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