

P18000083033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

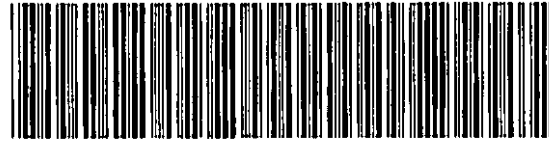
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MANTA AQP INC

**DOCUMENT NUMBER:** P18000083033

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES LOZADA

Name of Contact Person

MANTA AQP INC

Firm/ Company

18 CAMDEN LANE

Address

BOYNTON BEACH FL 33426

City/ State and Zip Code

a.lozada@mantaperu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDER DE RAMOS BARBOSA

at ( 240 )

6749571

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

☐ \$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)

**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

18 DEC -6 PM 2:23

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

MANTA AQP INC

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

P18900083033

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

Florida

\_\_\_\_\_  
(Zip Code)

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TALLAHASSEE  
FLORIDA  
DEPT. OF STATE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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:**

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input type="checkbox"/> Remove            | <u>V</u>  | <u>Mike Jones</u>  |
| <input type="checkbox"/> Add               | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)    | <u>Title</u> | <u>Name</u>                  | <u>Address</u>                |
|---|--------------|------------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change      | <u>V</u>     | <u>EDER DE RAMOS BARBOSA</u> | <u>15300 LAYHILL RD</u>       |
| <input checked="" type="checkbox"/> Add |              |                              | <u>SILVER SPRING MD 20906</u> |
| <input type="checkbox"/> Remove         |              |                              |                               |
| 2) <input type="checkbox"/> Change      |              |                              |                               |
| <input type="checkbox"/> Add            |              |                              |                               |
| <input type="checkbox"/> Remove         |              |                              |                               |
| 3) <input type="checkbox"/> Change      |              |                              |                               |
| <input type="checkbox"/> Add            |              |                              |                               |
| <input type="checkbox"/> Remove         |              |                              |                               |
| 4) <input type="checkbox"/> Change      |              |                              |                               |
| <input type="checkbox"/> Add            |              |                              |                               |
| <input type="checkbox"/> Remove         |              |                              |                               |
| 5) <input type="checkbox"/> Change      |              |                              |                               |
| <input type="checkbox"/> Add            |              |                              |                               |
| <input type="checkbox"/> Remove         |              |                              |                               |
| 6) <input type="checkbox"/> Change      |              |                              |                               |
| <input type="checkbox"/> Add            |              |                              |                               |
| <input type="checkbox"/> Remove         |              |                              |                               |

(Attach additional sheets, if necessary). (Be specific)

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

11/28/2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

11/28/2018

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 as the 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.

Dated 11/28/2018 \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, 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)

ANDRES LOZADA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

November 28, 2018

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

Re: Amendment to Articles of Incorporation - Certified Copy of Articles of Incorporation, Certificate of Status and APOSTILLE of both

Dear Madam/Sir:

Please amend the Articles of Incorporation, and APOSTILLE the certified copy of Articles of Incorporation, and Certificate of Status for the corporation:

- Your entity's name: **MANTA AQP INC**
- The Florida document or registration number: **P18000083033**
- The document type: **Amended Articles of Incorporations, Certificate of Status**
- The date the document was filed with the Division of Corporations.: **11/28/2018**

**APOSTILLE the enclosed document for the country of:** PERU

Please Return my Apostilled Documents to the following address:

**RETURN SHIPPING INFORMATION**

Name: Andres Lozada

Street: 18 Camden Lane

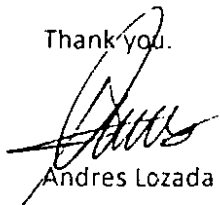
City/State: Boynton Beach FL 33426

Contact Ph. No.: 754 777 3446

I have included 4 checks made payable to **Florida Secretary of State** in the Amounts of:

|   |                |
|---|----------------|
| Articles of Amendment, Certificate of Status, and Copy of Articles of Incorporation | \$52.50        |
| Apostille Certificate of Status   | \$10.00        |
| Apostille Articles of Incorporation   | <u>\$10.00</u> |
| <b>TOTAL:</b>   | <b>\$72.50</b> |

Thank you.

  
Andres Lozada