P18000088739

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Amend

12-13 2019 D CONNELL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BERGANZA SER	VICES, INC	
DOCUMENT NUM	BER: P18000088739		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	EMILIANO GARCIA		
		Name of Contact Person	1
	BERGANZA SERVICES, IN	SC .	
	·	Firm/ Company	- 101
	2712 SW 14TH ST		
		Address	
	FORT LAUDERDALE, FL	33312	
		City/ State and Zip Cod	e e
CIII	DIPA@HOTMAIL.COM		
	*	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
EMILIANO GARCIA		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	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)
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	
141	magazee, 11, 32317		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

	FI	,
7018 Sec.	DEC-3	ED
ALLA	MARIE OF	9.4 8:4 1
State)	SEE.	STATE

BERGANZA SERVICES, INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)	TOSEE. FATE
P18000088739		- K1/2
(Docume)	nt Number of Corporation (if known)	
'ursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fol	Howing amendment(s) to
A. If amending name, enter the new name of the corr	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc." or "Co". A professional corporation name	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<i></i>	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	torad Apunt	
Thereby accept the appointment as registered agent. The		ition,
Signat	ture of New Registered Agent, if changing	<u>-</u>
9.5		

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; V = Treasurer; S = Secretary; D = Director; V = 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>T9</u>	John Do	<u>u</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	ni <u>t</u> h	
Type of Action (Check One)	Title		Name	Address
1) Change	V	_	SABINA PEREZ BONILLA	5412 N STATE RD
X Add				TAMARAC, FL. 33319
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove			,	
4) Change		_		
Add				
Remove				
5) Change		_		
Add				- 12
Remove				
6) Change				
	-	_		
Add				
Remove				

ttach additional sheets, if necessary).	ticles, enter change (Be specific)			
· · · · · · · · · · · · · · · · · · ·				
		-		.
				
				
· · · · · · · · · · · · · · · · · · ·				 _
				
an amendment provides for an exc	hange, reclassificat	ion, or cancellati	on of issued share:	<u>.</u>
provisions for implementing the am (if not applicable, indicate N/A)	enament it not cont	ainea in the ame	nament usen:	
19				

The date of each amendment(s) a	doption:	, if other than the
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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this deepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	8)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ei
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
11/27/2013 Dated		
selecti	director, president or other officer – if directors or officers have not been id, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	EMILIANO GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	. .