## P180000 89082

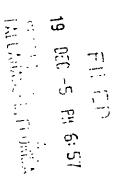
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## **COVER LETTER**

**FO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: TUCASH247 COR	<del></del>	
DOCUMENT NUM	IBER: P18000089082		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	MANUEL MILANES		
		Name of Contact Person	ח
	TUCASH247 CORP		
		Firm/ Company	
	5115 ROMA STREET		
		Address	
	AVE MARIA , FLORIDA 33		
		City/ State and Zip Code	e
MM	PIZONERO@TUCASH247.C	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MANUEL MILANE	S	786	483-6314
Name	of Contact Person		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)
An Div P.C	illing Address condment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation

of TUCASH247 CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P18000089082 (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: 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: MANUEL MILANES Name of New Registered Agent 5115 ROMA STREET (Florida street address) AVE MARIA, New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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:  $^{D}$  = 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. <sup>p</sup>resident, 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>PT</u> John Doe X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action <u>Title</u> **Name** Address Check One) EDUARDO OTERO 1115 OKEECHOBEE RD Change UNIT 131 HIALEAH GARDEN Add FLORIDA, 33018 Remove KENIA M. RODRIQUEZ 5115 ROMA STREET Change AVE MARIA, FLORIDA 33142 Remove ; ) \_\_\_\_ Change Add Remove Change Add

## Remove i) \_\_\_\_ Change Add Remove Change \_ Add Remove

Page 2 of 4

If amending or adding additional Arti-	<u>cles, enter change(s) here</u>	2:
(Attach additional sheets, if necessary).	(Be specific)	

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(if not applicable, indicate N/A)	ment if not contained in the amendment itself:		
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		<del>-</del>	
		<del></del>	
	<u> </u>	<del></del>	
	Page 3 of 4		
e date of each amendment(s) adoption: e this document was signed.		, if other	than th
fective date if applicable:			
	(no more than 90 days after amendment file date)		

doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	······································	
•	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated_11/25/20	19	
Signature(By a	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	vinted fiduciary by that fiduciary)	
	MANUEL MILANES	
	(Typed or printed name of person signing)	<del></del> ,
	PRESIDENT	
	(Title of person signing)	

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

ocument's effective date on the Department of State's records.