P18000094456

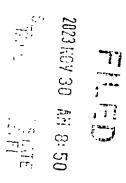
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
Suffix		

Office Use Only



500417861585

10/27/23--01021--007 ••35.00



A. BUTLER DEC - 1 2023

COVÉR LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alain Seoutino
Name of Contact Person Alain SEQUEIRO P.A 20540 Bulfstneam RD

Address

Cutten Bay, F1 33189

City/ State and Zip Code ASEQUEIRO REAL TO BIMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HAir Seaveino at (786) 4881922

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: VS52.50 Filing Fee S43.75 Filing Fee & ☐343.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation OF Alain Secucino P.A	FILED		
(Name of Corporation as currently filed with the Florida Dept. of P180 000 94456	o r sideo 3 1:04 30	AM 8: 50	
(Document Number of Corporation (if known)	TALL:	- FITE	

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

	ooks investments INC	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	the word "corporation," "company," or "incorportorp." "Inc," or "Co". A professional corportor the abbreviation "P.A."	orated" or the abbreviation "Corp.,' ation name must contain the word
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable: TREET ADDRESS)	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		
D. If amending the registered agent am new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Florida, enter registered office address: Alain SEQUEINO	
	20540 GulfstrEA	uRD
New Registered Office Address:	(Florida street address) Cutlen Bay (City)	, Florida <u>33/85</u> (Zip Code)
New Registered Agent's Signature, if ch	nanging Registered Agent: ered agent.—I am familiar with and accept the obj	ligations of the position.

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

• •			_
address of each Officer (Attach additional sheet. Please note the officer/d P = President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	and/or E s, if necess lirector title Presiden = Chief F irector wo d in the fo waves the c	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; T inancial Officer. If an officer/director holds moduld be PTD. ollowing manner. Currently John Doe is listed a corporation, Sally Smith is named the V and S. T	fficer/director being removed and title, name, and FR = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office held. as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
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 (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>V</u>	LYNDSEY M. Bonto	ON 20540 Gulfstneam RD Cutlen Bay F1 33189
Remove 2)ChangeAdd			
Remove Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove			

6) ____ Change

_____ Add

aaamonai si	heets, if necessary).	(Be spec	change(s) here: ific)		,	
50%	SHANES	10	Lynise	y M. K	unton	(V)
		-	/	/		
	<u> </u>			<u> </u>		·
				····		
						
					<u> </u>	
·				<u></u>		
· <u> </u>			· · =			
<u> </u>		.				
<u></u>		 _	···		· · · · · · · · · · · · · · · · · · ·	· ·
<u></u> .						
				····· · · · ·		
	provides for an exc	hange Fee	lassification or	cancellation of	f issued shares	,
sions for im	plementing the ame	endment if	not contained i	n the amendn	ent itself:	_
if not applica	able, indicate N/A)					
						<u> </u>
		<u> </u>				
						
					<u> </u>	<u> </u>

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 d	ate)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requiren	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☑ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the inflicient for approval.	amendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The followed voting group entitled to vote separately on the amend.	owing statement ment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 4050	irector, president or wher officer – if directors or officers ha	ive not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	
	Alain SEQUEINO (Typed or printed name of person signing)	
	<u> </u>	
	PHESIDENT	
	(Title of person signing)	



November 8, 2023

ALAIN SEQUEIRO 20540 GULFSTREAM RD CUTTER BAY, FL 33189

SUBJECT: ALAIN SEQUEIRO P.A.

Ref. Number: P18000094456

We have received your document for ALAIN SEQUEIRO P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 223A00025975



October 12, 2023

ALAIN SEQUEIRO P.A. 20540 GULFSTREAM RD CUTTER BAY, FL 33189

SUBJECT: ALAIN SEQUEIRO P.A. Ref. Number: P18000094456

We have received your document for ALAIN SEQUEIRO P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If the corporation is a **PROFIT** corporation it must be signed 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.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 623A00023703

www.sunbiz.org