P180000 99259

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100335471901

10/23/i9--01013--013 ★★52.50

R. WHITE NOV 1 5 2019 60 . 23 F1 6:24

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: MY VERACRUZ	CORP	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	FRANTZ MOISE		
		Name of Contact Person	
		Firm/ Company	
	1150 HILLSBORO NMILE	APT 204	
		Address	
	HILLSBORO BEACH, FL 3	3062	
		City/ State and Zip Code	
OYEC	COMOVARESTAURANT@	GMAIL.COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
FRANTZ MOISE		954 at (593-8313
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

MY VERACRUZ CORP			
(<u>Name</u>	of Corporation as curre	ntly filed with the Fl	orida Dept. of State)
P18000099259			
	(Document Number	r of Corporation (if ki	nown)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			24
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or	r "Co". A professio	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
D. If amending the registered agent an new registered agent and/or the ne			ter the name of the
	FRANTZ MOISE	<u> </u>	
Name of New Registered Agent			
	1150 HILLSBORO MI	LE APT 204	
	(Florida	street address)	
New Registered Office Address:	HILLSBORO BEACH		, Florida 33062
		(Citv)	(Zip Code)

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.

X Change	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>N</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALEXANDRA KAPLAN	7000 NW 17TH ST
Add			APT 208
X Remove			PLANTATION, FL 33313
2) Change	P, S	FRANTZ MOISE	1150 HILLSBORO MILE
X Add			APT 204
Remove			HILLSBORO BEACH, FL 33062
3) Change	PR.S	ALEXANDRA KAPLAN	7000 NW 17TH ST
Add			APT 208
X Remove			PLANTATION, FL 33313
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			_
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)	
'A		
		-
,		······
		·
If an amendment provides for an exc	nange, reclassification, or cancellation of issu	ued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment i	itself:
(9)		
Α		

	10/16/2019	
The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
1) Effective date <u>if applicable</u> :	0/16/2019	
	(no more than 90 days after amendment file	c date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requir Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	ne amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action	and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and	shareholder
10-16-20	19	
DatedSignatureS	hant shi	
selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary)	
	FRANTZ MOISE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	