P18000100033

(Re	questor's Name)	
(Ada	dress)	
- (AdA	dress)	· · · · · · · · · · · · · · · · · · ·
(City	y/State/Zip/Phon	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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700406267427

SECRETARY OF STATE
TALLAHAS SEE, FL

ML

COVER LETTER

NAME OF CORPORATION: STV. COST JYYUST 19185 CH COPP	
DOCUMENT NUMBER: <u>P18000100033</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
COVIGINO PIVELO DE ALMAS Name of Contact Person	-
Servicios Industriales CA CORP	-
13526 SW 11347 PC	_
Address	S 28
MIQMI FL 33176.	TA ECE 23.1
City/ State and Zip Code	2023 APR SECRETA TALLA
DI becacap @gmaircom	芸術
E-mail address: (to be used for future annual report notification)	SEE,
For further information concerning this matter, please call:	, [] N

TO: Amendment Section

Division of Corporations

☐\$43.75 Filing Fee & Certificate of Status

Enclosed is a check for the following amount made payable to the Florida Department of State:

S43.75 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
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

of

33 orporation (i	Florida Dept. of S f known) Corporation adopts		ndment(s)	to
orporation (i		the following ame	ndment(s)	to
		the following ame	ndment(s)	to
rida Profit (Corporation adopts	the following ame	ndment(s)	to
		The	new	
pany," or "(rofessional (incorporated" or the corporation name	e abbreviation "Co must-contain the	rp" word	
		SECRE A.S.	2023 APR 114	
in Florida,	enter the name of	OF STATE	AM ₁ 9: 01	1200
address)				
	, Flor			
ליני		(Zip Code)		
and accept	the obligations of th	he position.		
	in Florida,	in Florida, enter the name of	pany," or "incorporated" or the abbreviation "Corofessional corporation name must contain the TALLY SCORES (SEE STATE OF	pany, " or "incorporated" or the abbreviation "Corp" rofessional corporation name must contain the word TALLY APRIL APRIL 99 in Florida, enter the name of the paddress) Florida (Zip Code)

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) 🔀 Change	P	Roldanis Sellano Comez	1235 NW 29/HST MIONIFL 3314
Add			
Remove			
2) Change			023 T/
Add 🔫			APR APR
Remove 3) Change	9	Leongildo Rivera Do Arman	
Add			0; 5; 15; 10; 10; 10; 10; 10; 10; 10; 10; 10; 10
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary,	. (Be specific)	
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		SECRETARY OF STATE TALLAHASSEE. FL
		
		——————————————————————————————————————
 	-	SSEE. FIL
on amandment nearlies for an ar-	hanne malantification and During St	
provisions for implementing the an	hange, reclassification, or cancellation of issued endment if not contained in the amendment its	o snares, self:
(if not applicable, indicate N/A)		
 		
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the state of the state of		
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	04/11/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(s	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 04 /10	12023 The sp	SECRETARY TALLAHA
(By a dir selected	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	PRIL AM 9: 0 STARY OF STAIL AHASSEE, FL
_	(Typed or printed name of person signing)	V FA 0
	President	
_	(Title of person signing)	