## P19000003555

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Emity Name)
(Document Number)
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Special Instructions to Filing Officer:



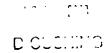


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALIMERICA	A INC		
DOCUMENT NUMI	BER: P1900000355	5		
	of Amendment and fee are su			
Please return all corres	spondence concerning this ma	tter to the following:		
	THAMARA PEREZ			
		Name of Contact Persor	1	
	TABADESA ASS	OCIATES		
		Firm/ Company		
	419 W 49 ST, ST	E 111		
	Address			
	HIALEAH, FL 330	012		
		City/ State and Zip Code	e	
tan	nmyp@tabadesa.d	com		20
<del></del> -	E-mail address: (to be us	sed for future annual report	notification)	<i>ن</i>
For further informatio	n concerning this matter, pleas	se call:		
THAMARA F	PERFEZ	at (305	, 558-0622	_ THE 55
Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number	든	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	· n
■ \$35 Fiting Fee	□S43.75 Filing Fee & Certificate of Status	☐S43.75 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		
Tallaharene FL 32301				

## Articles of Amendment to Articles of Incorporation of

ALIMERICA INC			~
	s currently filed with the Fl	orida Dept. of State)	
P19000003555			
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this I	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			_The new
	nation "Corp." "Inc." or "C	," "company," or "incorporated" or the a 20". A professional corporation name must 2.4."	
B. Enter new principal office address,	if applicable:	10738 NW 74 ST	
(Principal office address MUST BE A STREET ADDRESS )		MEDLEY, FL 33178	<b></b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10738 NW 74 ST	_
		MEDLEY, FL 33178	
			- 0 - 近
D. If amending the registered agent an new registered agent and/or the ne			
	BORIS MONSAL		
Name of New Registered Agent	10738 NW 74 S		DATE IS
	(Florida sire		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	MEDLEY	, Florida 33178	
	(Ciry)	(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regis		ith and accept the obligations of the position.	
	Ladwelly.	luyke.	
Si	gnature of New Registered Az	gerts, 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> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	BORIS MONSALVE	465 BRICKELL AVE
Add			APT 4003
Remove			MIAMI, FL 33131
2) Change	MGR	MAURICIO J. GUZMAN	7721 NW 7th ST
✓_ Add			#308
Remove			MIAMI, FL 33126
3) Change	MGR	ANGELICA TAREK	4540 NW 107th Ave
Add			Doral, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Attach addition	adding additional Art	(Be specific)		
	. 5	, , , , , , , , ,		
· <del></del>				•
		<del> </del>	<del></del>	
			-	
				<del></del>
				<del></del>
lf an amendme	nt provides for an excl	hange, reclassificatio	n, or cancellation of	issued shares.
provisions for	<u>implementing the ame</u>	ndment if not contai	ned in the amendme	ent itself:
(if not appl	licable, indicate N/A)			
				-
<u> </u>	<del></del>			
			<u>.</u>	

date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_6/24/20	
Signature Lawillelwofel.	
(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)	
BORIS MONSALVE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	