# P1900000 5916

(Re	equestor's Name)	
(Ac	dress)	
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## COVER LETTER

TO: Amendment Section Division of Corporat			•
NAME OF CORPORA	FION:	elisa Henvi	mdez, FWC.
DOCUMENT NUMBE	R:	19000005	916
The enclosed Articles of	4 mendment and fee are su	bmitted for filing.	·
Picase return all correspo	ndence concerning this ma	tter to the following:	
_		melissa Her	wander
_	//	Name of Contact Person	mander Inder FNC.
		Firm/Company EMSIDE DVIV	
	CIVEENACI	Address  **Example Address**  **City   Ft   33  City   State and Zip Code	463
<del></del> -		City/ State and Zip Code	:
	melihh 1	198 @ outle	ook.com
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
	oncerning this matter, pleas		
meliss	A Hernande	'2 at (863)	, 210 8302
	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	c following amount made	payable to the Florida Depa	rtment 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)

## **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
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

· · · · · · · · · · · · · · · · · · ·	as currently filed with the Flofia	ia Dept. of State)		
P19000005916 TA	1400000 2109			
(Document	Number of Corporation (if know	n)		
ursuant to the provisions of section 607,1006, Florida Sta s Articles of Incorporation:	atutes, this Florida Profit Corpor	ation adopts the follow	ing amen	dment(s
. If amending name, enter the new name of the corpo	eration:			
	A professional			tion
. Enter new principal office address, if applicable:			19	
Principal office address MUST BE A STREET ADDRE	<u>(SS</u> )		٠ پ	i
			· =	
		<u> </u>	<del></del>	_ ==4
Enter new mailing address, if applicable:		<u>:</u> :		3
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		 <del></del>	
				.) - -
	<del></del>	<del></del>		_
. If amending the registered agent and/or registered new registered agent and/or the new registered offi		the name of the		
Name of New Registered Agent				
<del></del>	(Florida street address)			
Now Projectional Office Address	,	Florida		
New Registered Office Address:	(City)	, Florida(Zi,	p Code)	<del></del>
		ligations 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)

\_ Remove

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.

Example: XChange	<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>	Name //	Address
1)Change	<u>p.</u>	Melissa Hernander	2303 Senside Dr.
Add	•		Greenacres, FL
Remove			33463
2)Change			
Add			<del></del>
Remove			
3 ) Change		<del></del>	<del></del>
Add			
Remove			<u> </u>
4) Change		<del></del>	<del></del>
Add			
Remove			<del></del>
5) Change		<del></del>	
Add			
Remove			
6)Change			
Add			

AHAÇII	additional shee	ets, if necessary)	rticles, enter ch ). (Be specific	)			
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provis	sions for imple	ovides for an exementing the an	nendment if not	ification, or car contained in th	ncellation of issume the amendment in	i <u>ed shares,</u> tself <u>:</u>	
				_ <del> </del>			
					-		
						-	
			<del></del>				

The date of each amendment(s) ad date this document was signed.	option:, if other tha
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b	ock does not meet the applicable statutory filing requirements, this date will not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were sul	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	智服 網 經過 经基础 经收回 Sufficient for approval
by	(voting group)
	(voing group)
The amendment(s) was/were ado action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	1/28/19
Signature	10/11/3
(By a di selected	by an incorporator Bif in the hands of a receiver, trustee, or other court diffuciary by that fiduciary)
	Melissa Hernander
•	(Typed or printed name of person signing)
	president

(Title of person signing)