

P1900000 7668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

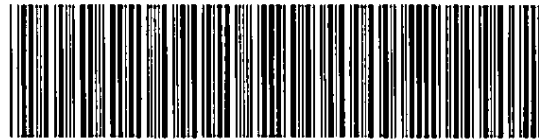
(Business Entity Name)

(Document Number)

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05/15/19--01012 -002 \*\*37.00

S TALLENT  
JUN 24 2019

FILED  
2019 JUN 20 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2019

NELSON L VILLATE RAIREZ  
16200 GOLF CLUB RD SUITE 213  
WESTON, FL 33326

SUBJECT: COMERCIALIZADORA VILLALISBOA, INC.  
Ref. Number: P19000007668

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 819A00010912

RECEIVED  
2019 JUN 20 PM 11:10  
STATION 250

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COMERCIALIZADORA VILLALISBOA INC

DOCUMENT NUMBER: P19000007668

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON L VILLATE RAIREZ

Name of Contact Person

Firm/ Company

16200 GOLF CLUB RD SUIT 213

Address

WESTON FL 33326

City/ State and Zip Code

allbusinessolutions@gmail.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

VICTOR VILLATE

Name of Contact Person

at ( 954 )

662-3622

Area Code & Daytime Telephone Number

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

COMERCIALIZADORA VILLALISBOA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000007668

(Document Number of Corporation (if known))

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

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

NELSON L VILLATE RAMIREZ

16200 GOLF CLUB RD SUITE 213

WESTON FL 33326

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent NESTOR E PINZON

7300 W MCNAB RD SUITE 214

(Florida street address)

New Registered Office Address: TAMARAC, Florida 33321  
(City) (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



**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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04-10-2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

04-10-2019

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by 100 \_\_\_\_\_."  
(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.

04-10-2019

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

CUNNINGHAM, ELIANA Z

\_\_\_\_\_  
(Typed or printed name of person signing)

P

\_\_\_\_\_  
(Title of person signing)