# P19000014632

(Re	questor's Name)	
(Add	dress)	
(Ad-	dress)	
<b>,</b>	,	
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/07/19--01013--005 \*\*35.00



#### **COVER LETTER**

TO: Amendment Section Division of Corporat	ions		to & July - 7 miles
NAME OF CORPORAT	TION: ILLARA 1: P1920001	reta who	· _
The enclosed Articles of A	<b>Imendment</b> and fee are su	bmitted for filing.	
Please return all correspor	ndence concerning this man	iter to the following:	
<u>_</u>	6270NW tislish	Name of Contact Person  Whokes  Firm/ Company	suite 205
	oncerning this matter, please  2 NA-LA  Contact Person	ar( <u>30)</u>	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing</u>	Mailing Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment

to

## Articles of Incorporation of

ILARRET	WHOLESAIE CORP
	y filed with the Florida Dept. of State)
P 19000014632	•
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "eword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	6270 0W 173 of suite 205
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	6270 0W 173 of suito 205 Hialiah Fl 33015
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 new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent TLANNIT	+A MALLOS
G270 NW (Florida str	173 of apt 205
New Registered Office Address: / Kiliah	(City) Florida 33015 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
	5
Signature of New R	egistered 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.

Example: X Change	<u>PT</u>	John Doe	•
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) <u>V</u> Change	<u></u> P	MANCOSTLANNETA	6270 NW 173 At put 201 Hisciah & 33015
Add			History H 33015
Remove			
2) Change	<del></del>		<del></del>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	ional sheets, if neces	al Articles, enter ch sary). (Be specific)	<i>)</i>			
Con	cet the	name	' 5	MANCO	s TL	annete
1.0-	NALOK	1/20	post	1		<u> </u>
<del>-50</del> 2	7 17 10 2 03	<u> </u>	-10C 17	<u>.                                    </u>		
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		in exchange, reclass he amendment if not				
	applicable, indicate i		contained i	n the amendment i	t <u>sen:</u>	
		-				
					····	

The date of each amendment(s) adoption: $\frac{5/31/2019}{}$ , if other than th
late this document was signed.
Effective date if applicable: 5/31/26/9
Effective date if applicable: 5/31/30/)  (no more than 90 days after amendment file date)
<b>Note:</b> 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
☐ 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.
Signature Aucus Aborta  (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)
MANEUS TLANNETA
Typed of printed name of person signing)
Grendref
(Title of person signing)