## P190000 14785

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TALLAHAUSLE, FL

2019 SEP 23 PH 4: C





## **COVER LETTER**

TO: Amendment Section

Division of Corpo	orations	I J	
NAME OF CORPOR	RATION: YARIELA BER: \$ 19 0000	VAIDES I	Inc.
DOCUMENT NUMB	ER: 19000	14785	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	YA	Name of Contact Person	Des Inc.
•		Firm/ Company	
	<u>8900</u>	5W172 F	tve # 2210.
	<b>.</b> 9.	Address    AM1 F   3  City/ State and Zip, Coo	2101
-	<u></u>	City/ State and Zin Coo	19190
	. 1	City) State and Zip Col	
	YVAldes	ed for future annual repor	eT
	E-mail address: (to be us	ed for future annual repor	t notification)
For further information	concerning this matter, pleas	e call:	
Variel	A VALOUS	780	1213-0215
	f Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment 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)
Ame Divis P.O.	ing Address Indment Section Ition of Corporations Box 6327 hassee, FL 32314	Amen Divisi Gliftoi 2661 I	Address  dment Section  on of Corporations  n Building  Executive Center Circle
		Tallah	assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

YARiela VAIDES	Enc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1900014	11.85
(Document Number of C	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
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 "C word "chartered," "professional association," or the abbreviation "P  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"  "company." or "incorporated" or the abbreviation    A professional corporation name must contain the
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	2019 SEP
(Florida stree	t address)
New Registered Office Address: (C	Florida City) (Zip Códe)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accent the obligations of the position
Signature of New Ref	gistered Agent, if changing

lf amending the Officer address of each Officer	and/or D	irector be			mejor each on   -   -	icer/director	Deing Temov	tu anu titie, na	ine, and
(Attach additional sheets, Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure	rector titi President = Chief t er. Direct	le by the fit t; T= Trea Financial ( or would b	surer; S= : Officer. If e PTD.	Secretary; D an officer/di	= Director; The rector holds m	ore than one	title, list the f	first letter of ea	ich office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove Example:	wes the c	orporation	1, Sally Sm	ith is named t	Doe is listed as the V and S. Th	the PST and hese should b	Mike Jones is e noted as Joh	listed as the V. n Doe, PT as a	There is Change,
X Change	<u>PT</u>	John Do	<u>e</u>						
X Remove	<u>V</u>	Mike Jo	nes						
X Add	<u>sv</u>	Sally Sm	<u>nith</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addı</u>	<u>es</u> s		
l)Change		_							-
Add					<b>'</b> ],				-
Remove						<del></del>			-
2) Change									-
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3) Change			· • · · · · · · · · · · · · · · · · · ·	<del></del> -				<del>-</del> -	_
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Remove					İ		<del></del>		_

. If amending or adding additional Articles, enter change(s) here	: ,
(Attach additional sheets, if necessary). (Be specific)	
···	
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	.1:
	· •
	<del>-  </del>
If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	n the amendment itself:
(y ma appricative, marcare was)	
	<u> </u>
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The date of each amendment(s) adoption:	9/19/19	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	9/19/19	
	(no more than 90 do	vs after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of		statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting		
"The number of votes cast for the am		fficiënt for approval
by(\(\nu\)		<u>'</u>
(i	oting group)	1
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors wit	nout shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without	shareholder action and shareholder
Dated 9/19/	19 -	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ides	_  ;
(By a director, pr		if directors or officers have not been
	corporator – if in the ha ary by that fiduciary)	nds of a receiver, trustee, or other court
	aniela UA	1065 e of person signing)
	(Typed or printed nam	e of person signing)
	resident	erson signing)
	(Title of p	erson signing)