P19000017117

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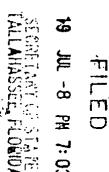


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JUL 1 8 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FP MULTI SUPPL	LIES INC	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MENDOZA HERRERA, FR	ANCISCO A	
		Name of Contact Persor	1
	FP MULTI SUPPLIES INC		
		Firm/ Company	
	7934 NW 105TH AVENUE	Thur Company	
		Address	
	DORAL, FLORIDA: 3317		
		City/ State and Zip Code	<u> </u>
č. 1		,	
tpinul	tisupplies@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MENDOZA HERREF	RA, FRANCISCO A	786 at (585-1927
Name of Contact Person Area Code & Daytime		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 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)
	ling Address		Address
	endment Section		Iment Section
	sion of Corporations Box 6327		on of Corporations Building
	nhassee, FL 32314		executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FP MULTI SUPPLIES INC				
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept	. of State)	
P19000017117				
	(Document Number o	of Corporation (if known)	••• · · ·	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ac	lopts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	iation "Corp." "Inc." or	"Co". A professional corpora	ttion name must contain the	
B. Enter new principal office address,		7954 INW 105111 AVISINO	<u> </u>	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	DORAL, FLORIDA. 3317	8	
			ALCO E TO	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		7934 NW 105TH AVENU	E SSE	
		DORAL, FLORIDA, 3317	8 P P	
			7: 0: 0:00 0:00 0:00	
D. If amending the registered agent an new registered agent and/or the ne			ne of the	
Name of New Registered Agent				
	7934 NW 105TH AVENU	JE.		
	(Florida street address)			
New Registered Office Address:	DORAL		. Florida 33178	
		(City)	(Zip Code)	
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familiar	wun and accept the obligation	s oj ine 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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	е, аж 3а <u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
(A) Change			,
6) Change		<u></u>	
Add			
Remove			

ttach <i>additional</i>	idding additional Ar l sheets, if necessary).	(Be specific)			
_					
					···
·					
 					
	· -			.	
<u></u>					
an amendmen	t provides for an exc	change reclassifi	cation or cancell	ation of issued sh	ares
rovisions for i	mplementing the am	endment if not e	ontained in the a	mendment itself:	=
(if not appli	cable, indicate N/A)				
	-		· ·		

Thu duku of on the array decomple \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	07/02/2019	, if other than th
The date of each amendment(s) at late this document was signed.	option:	. it odier than in
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 hadocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ade by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendm fficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following sta- each voting group entitled to vote separately on the amendment(s):	lement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	pted by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholde	:1
07/02/2019 Dated		
Signosturo <i>J</i>	ancisco Herrora M	
(By a d selecte	irector, president or other officer – if directors or officers have not had, by an incorporator—if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	MENDOZA HERRERA, FRANCISCO A	
	(Typed or printed name of person signing)	· ···
	PRESIDENT	
	(Title of person signing)	