P19000033121

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COVER LETTER

TO: Amendment Section Division of Corporations

update ein# 93/969120

NAME OF CORPORATION: VASCOMAR	RES SEAFOOD CORP	
DOCUMENT NUMBER: P19000033121		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Juan Diaz		
	Name of Contact Perso	n
Tax Care Fort Lauderda	ale	
	Firm/ Company	
1489 SE 17ST, SUITE		
	Address	
FORT LAUDERDALE	./FL33316	
	City/ State and Zip Cod	e
JUAN.DIAZ@TAXCAREIN	C.COM	
-	be used for future annual report	notification)
, ,		,
For further information concerning this matter,	please call:	
Juan Diaz	954 at (de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VASCOMARES SEAFOOD CORP

(Name of Corporation as curre)	ntly filed with the Florida Dept. of State)
P19000033121	,
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation: N/A	Th a sum o
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	SEC. 19.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A AH
	<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent's	<u>nt:</u>
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations 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)

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) Change	P	VALECILLOS OSCAR	2009 SE 10TH AVE
Add			APT#205
Remove			FORT LAUDERDALE, FL33316
2) Change		_	_
Add			-
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	_
Add			-
Remove			
6) Change		_	
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
/A	
	
- <u>-</u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	

The date of each amendment(s) adoption:	, if other than the
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 w document's effective date on the Department of State's records.	ill not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
(wang 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.	
05/30/2019 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an iscorporator – if in the hands of a receiver, trustee, or other court appointed fiduciaty by that fiduciary)	
OSCAR ALEJANDRO VALECILLOS MARQUINEZ	
(Typed or printed name of person signing)	
President	
(Title of person signing)	