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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: P19000034572

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

Please return all correspondence concerning this matter to the following:

ALDO MARCHENA

Name of Contact Person

Firm/ Company

2385 NW EXECUTIVE CENTER DR, SUITE 100

Address

BOCA RATON, FL 33431

City/ State and Zip Code

ENCED STATE

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

For further information concerning this matter, please call;

P.O. Box 6327

Tallahassee, FL 32314

at (<u>561</u>) <u>451-6330</u> Area Code & Daytime Telephone Number ALDO MARCHENA 314. 00 EM12: 09 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 📕 \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FONDREN INC.

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

P19000034572

(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:

NeA			The new
name must be distinguishable and contain the word "corporation "Corp.," "luc.," or Co.," or the designation "Corp.," "luc," or word "chartered," "professional association," or the abbreviation	"Co". A profession	"incorporated" or h al corporation name n	he abbreviation
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
	·		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u> )	N/A		·
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		er the name of the	09 :21 HC
Name of New Registered Agent N/A			09 - NTION
ıFkrida sı	treet address)		
New Registered Office Address:	·····	Florida	
	(City)	1	(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

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 = Trustec; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	ALDO MARCHENA	19712 DINNER KEY DR
X Add			BOCAN RATON, FL 33498
Remove			
2) Change			
Add			
Remove			
3.) Change	. <u> </u>		
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change	<u>_</u>		
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

<ol> <li>If amending or adding additional Arti- (Attach additional sheets, if necessary).</li> </ol>	(Be specific)
Ś/A	
· · · · · · · · · · · · · · · · · · ·	
	······································
If an amandment provides for an arch.	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1A	
······································	

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The date of each amondment(s) ad	JUNE 25, 2019	, if other than t
date this document was signed.	seption.	, it outer that t
JUN Effective date <u>if applicable</u> :	E 25, 2019	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ()NE</u> )	
The amendment(s) was/were ado by the shareholders was were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
JUNE 25, 2 Dated	019	
Dated	Incart	
Signature		
	tector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	TATYANA PORTAL	
	(Typed or printed name of person signing)	
	SHAREHOLDER	
	(Title of person signing)	