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10/17/19--01010--013 **85.00

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COVER LETTER

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P19000035807

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

Please return all correspondence concerning this matter to the following:

MARIA ANGELES NDRICO

Name of Contact Person

EDITORIAL PLATENSE SAS CORP.

Firm/ Company

8005 NW 8TH ST APT 104

Address

MIAMI, FL 33126

City/ State and Zip Code

NDR.ANGELES@PROTONMAIL.COM

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

For further information concerning this matter, please call:

MARIA ANGELES NDRICO

Name of Contact Person

_ at (786 _____) 4616242 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Street Address

Articles of Amendment to Articles of Incorporation of

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EDITORIAL PLATENSE SAS CORP.

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

P19000035807

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u>

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

, Florida

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)

.

Example:

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.

<u>X</u> Change	<u>P1</u>	John Doe			
X Remove	V	Mike Jones	FILING CANC	ELLED RNED CHECK	
<u>X</u> Add	<u>sv</u>	Sally Smith	DUE IO REIU	KNED CHECK	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) X Change	Р	MARIA A	ANGELES NDRICO	8005 NW 8TH APT 104	
Add				MIAMI, FL 33126	
Remove					_
2) Change	.				
Add				<u></u>	_
Remove					<u> </u>
3) Change					
Add					
Remove					
4) Change		<u> </u>	<u></u>	<u></u>	
Add					
Remove					
5) Change					
Add					
Remove				·	
6) Change					
Add					
Remove					_

E.	E. If amending or adding additional Articles, enter ch	ange(s) here:
	(Attach additional sheets, if necessary). (Be specific,)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of e	ch amendment(s) a	10/11/2019 dontion:	
	nent was signed.		
Effective date	if applicable:		
		(no more than	90 days after amendment file date)
		block does not meet the appl spartment of State's records.	icable statutory filing requirements, this date will not be listed
Adoption of A	amendment(s)	(<u>CHECK ONE</u>)	
		opted by the shareholders. The opted by the shareholders.	e number of votes east for the amendment(s)
			rough voting groups. The following statement o vote separately on the amendment(s):
"The	number of votes cast	for the amendment(s) was/we	ere sufficient for approval
by _		(voting group)	"
		(voting group)	
	ment(s) was/were add not required.	opted by the board of director	s without shareholder action and shareholder
	ment(s) was/were add not required.	opted by the incorporators wit	hout shareholder action and shareholder
	10/11/2019 Dated		FILING CANCELLED
			DUE TO RETURNED CHECK
	Signature		icer – if directors or officers have not been
	selecte		he hands of a receiver, trustee, or other court
		MARIA ANGELES NDRIC	0
		(Typed or printed	name of person signing)
		PRESIDENT	
			of person signing)