## P19000036930

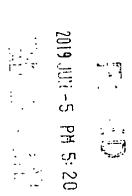
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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R. WHITE
JUN 1 9 2019

## **COVER LETTER**

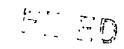
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	: LAROSA & SONS INC				
	9000036930				
The enclosed Articles of Amend	dment and fee are submitted for filing.				
Please return all correspondence	te concerning this matter to the following:				
	Y DELBUSTO				
	Name of Contact Person				
	LAROSA & SON'S INC				
	Firm/ Company				
	10003 NW S RIVER DR				
	Address				
	MEDLEY FL 33178				
	City/ State and Zip Code				
	delbustoy@outlook.com				
E-m	nail address: (to be used for future annual report notification)				
For further information concern	ning this matter, please call:				
YANAYS DELBUSTO	305 304-3616				
Name of Contac	et Person Area Code & Daytime Tel-	ephone Number			
Enclosed is a check for the follo	owing amount made payable to the Florida Department of State:	>			
	43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing ertificate of Status  Certified Copy (Additional copy is enclosed)  Certified Cop (Additional Copy is enclosed)	Status y			
Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	Section Amendment Section Corporations				

## Articles of Amendment

to

Articles of Incorporation



2019 111: -5 5

P190000.  (Document Number of section 607,1006, Florida Statutes, this F Articles of Incorporation:		wn)	
rsuant to the provisions of section 607,1006, Florida Statutes, this $F$	Corporation (if kno	wn)	
		•	
	lorida Profit Corpo	oration adopts the	following amendment(s
If amending name, enter the new name of the corporation:			
			The new
me must be distinguishable and contain the word "corporation, "orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C rd "chartered," "professional association," or the abbreviation "I	lo". A professiona		
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	44		
If amending the registered agent and/or registered office address:	ess in Florida, enter	the name of the	:
Name of New Registered Agent  (Florida street)	n address J	, ,	
New Registered Office Address:	$\mathcal{L}_{I}$	, Fiorida	
(0	City)		(Zip Code)
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar wi	ith and accept the o	bligations of the 1	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>	<u>Addres</u> s
1) Change	VP	YANAYS DELBUSTO	3351 SW 130TH AVE
Add			MIRAMAR FL 33027
X Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

tach additional sheets	additional Articles, er if necessary). (Be s	pecific)	_ <del>_</del>		
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n amenament provi ovisions for implem	les for an exchange, renting the amendment	t if not containe	or cancellation d in the amend	i or issued sha <u>r</u> lment itself:	es.
(if not applicable, i	ndicate N/A)				
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		10/			

	05/22/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated5-	22-19	
Signature	m	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	MIGDALE LAROSA	
	(Typed or printed name of person signing)	*****
	PRESIDENT	
	(Title of person signing)	<del></del>