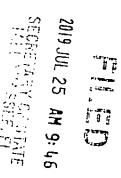


'	
(Requestor's Name)	
(Address)	600332
(Address)	000002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	:
(Business Entity Name)	07/26/19
(Document Number)	
Certified Copies Certificates of Status	S TALLENT
	JUL 2 6 2019
Special Instructions to Filing Officer:	
Walk In	1
Office Use Only	1 4



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· · · CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SALES UCHOA IN	1C			
			1	
			-	
			<u> </u>	Art of Inc. File
]	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
			<u> </u>	RA Resignation
			İ	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Рhoio Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	· · · - · · · · · · · · · · · · · · · ·		l —	Fictitious Owner Search
			<u> </u>	Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

Articles of Amendment to Articles of Incorporation of

SALES UCHOA INC			
	ly filed with the Florida Dept. of State)	
P19000038782			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing amo	endment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and materials by and "		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional cornoration name	the abbrev must conta	riation in the
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u></u>	20
		22	<u> </u>
C. Enter new mailing address, if applicable:		·!	;= = #
(Muiling address MAY BE A POST OFFICE BOX)			25 1
		90 90	> 5
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		115	ب ب
D. (Companion the marine and a second		m in m	<u>დ</u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the		
	<u> </u>		
Name of New Registered Agent			
(Florida sı	reet address)		
New Registered Office Address:	. Florida		
The first fi	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the po	sition.	
Cimate - TV - T	Registered Agent if changing		
Signature of New K	NEVIMETRA ARENI. II Changino		

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.

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>	Name	Address
1) Change	VP	JULIANA SALES UCHOA	200 E PEMBROKE RD
X Add			HALLANDALE BCH, FL 33009
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding addit</u> Attach <i>additional sheets, if ne</i>	cessary). (Be spec	ific)		
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f an amandment available for				_
f an amendment provides for provisions for implementing	<u>the amendment</u> if i	not contained in th	e amendment itself:	nares,
(if not applicable, indical	te NZA)			
				······································
				

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendmen icient for approval.	nt(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
07/25/2019		
DatedSignature	Tu:	
(By a dir selected,	ector, president or other officer – if directors or officers have not bee by an incorporator – if in the hands of a receiver, trustee, or other co d fiduciary by that fiduciary)	en Ourt
r	DANIEL SALES UCHOA	
-	(Typed or printed name of person signing)	
P	RESIDENT	
••	(Title of person signing)	