## P19000044817

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## COVER LETTER

Division of Corporations NAME OF CORPORATION: IMPORT & EXPORT LOREFICE CORP DOCUMENT NUMBER: P19000044817 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paola Cardenas Name of Contact Person Tax Care Orlando Firm/ Company 12701 S John Young Pkwy Suite 216 Address Orlando, Florida, 32837 City/ State and Zip Code taxcareorlando@taxcareinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paola Cardenas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

IMPORT & EXPORT LOREFICE CORP

(Name o	of Corporation as currently	filed with the Florida D	ept. of State)	
P19000044817				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	loridu Profit Corporation	adopts the following amer	idment(s) to
A. If amending name, enter the new n	ame of the corporation:		TI.	
name must he distinguishable and contain "Inc.," or Co.," or the designation "C"chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporate professional corporation	The ad" or the abbreviation "Co name must contain the	rp., "
B. Enter new principal office address, (Principal office address MUST BE A S				
				- -
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				2.3
(Mailing address MAT BE A POST	OFFICE BOX)			_ <u>.</u>
				;
			<u></u>	
D. If amending the registered agent at new registered agent and/or the new		ess in Florida, enter the	name of the	
Name of New Registered Agent	TAX CARE ORLANDO			
name of New Acquiretta Agent		<del></del>		
	(Florida stre	et address)		
New Registered Office Address:	12701 S John Young Pkwy Suite 216, Orlando		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	thanging Registered Agent: tered agent. I am familiar w	ith and accept the obligat	ions of the position.	
,	Paofalo			
	Signature of New Re	gistered Agent, if changir	rg —	
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (	e), F.S.		

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Bonita del Mar Garcia Santiago	4735 Blue Diamond ST
Add			Kissimmee, Florida 34746
X Remove 2) Change	_ P	Caroli Carrmela, Lorefice de Tabord:	3025 NW 87th Ave
X Add			Miami, Florida, 33172
Remove 3 ) Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove  6) Change			
Add			
Remove			

	). (Be specific)			
		<del></del>		
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				_
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amendment provides for an ex	change, reclassification,	or cancellation of iss	sued shares,	
visions for implementing the an	nendment if not containe	ed in the amendment	<u>itself:</u>	
(if not applicable, indicate N/A)				
			<del></del>	-

•

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
Novembe Dated	er 20 2020	
Signature <u></u>	Ecculi Lonefice	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other	
арро	inted fiduciary by that fiduciary)	
	Caroli Carmela Lorefice de Taborda	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	