# P19000045417

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# **COVER LETTER**

NAME OF CORPORATION: BETOBENZ PUTO SERVES, INC.  DOCUMENT NUMBER: P1900045417					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		Name of Contact Person	ias, Inc		
For further information concerning this matter, please call:					
Marlene	Reyes	at ( <u>467</u>	) <u>821–5431</u> le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fcc	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

TO: Amendment Section

Division of Corporations

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment**

	to
Artic	cles of Incorporation of
RetoBenz S	Auto Secricis. Inc.
(Name of Corporation as	currently filed with the Florida Dept. of State)
P190000	145417
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation;	rutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:
	_
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "lowerd "chartered," "professional association," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	9
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent and/or the new registered office	e address.
Name of New Registered Agent	33,
(1	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Cianatura	of New Registered Agent, if changing
Signature	of then hegmeren 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 Doc	
-			
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>	Address
1) Change	$\overline{b}$	Manuel A. Reyes	920 Jayhil Dr.
Add Remove			minneola, FL 34715
2)Change	<u>b</u>	Manuel A. Reyes Viera Jr.	
Add			Minneula, FL 34715
Remove 3) Change			19 July 15
Add Remove			55 T
4) Change	<del> </del>		CORRECT OF STREET
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	
Remove			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)			
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	# <u>}</u>		٠.,
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	100 5		
provisions for implementing the amendment if not contained in the amendment itself:	3	CI	;
(if not applicable, indicate N/A)		PΉ	į"
	708 108	$\ddot{\mathcal{D}}$	***
	Orn P	<b>8</b>	
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The date of each amendment(s) ado	ption;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this blo document's effective date on the Department	ck 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)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment cient for approval.	nt(s),
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ed by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 7	13/19	TO JUL I
Signature (By a dire	ctor, president or other officer - if directors or officers have not bee	ms P
selected,	by an incorporator – if in the hands of a receiver, trustee, or other co- fiduciary by that fiduciary)	PH 2: B
_	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	