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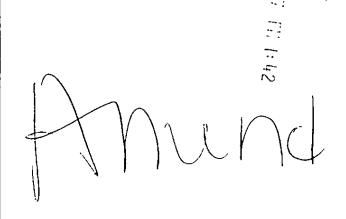
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SOLID DISTRIBU	JTION CORP			
DOCUMENT NUMBE			·		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	itter to the following:			
	MARIA E	. GONZA-LEZ Name of Contact Person	PINE		
_		Name of Contact Person	n		
S	SOLID DISTRIBUTION CORP				
	•	Firm/ Company			
3	22 SW 26TH PL				
		Address			
C	CAPE CORAL FL 33991				
_		City/ State and Zip Cod	e		
	ancinatalana Camail aom				
	nariaedelysg@gmail.com	sed for future annual report	notification)		
	is-mail address, (to oc a.	sed for fature annual report	normeation)		
For further information c	concerning this matter, plea	se call:			
MARIA E GONZALEZ	PINE	812	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOLID DISTRIBUTION CORP

(Name of Corporati	ion as currently	filed with the Flori	da Dept. of State)	
P19000048869				
(Docum	nent Number of	Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this F	lorida Profit Corpor	ation adopts the follo	owing amendment(s) t
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A			
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)			2020
				· _
				
				
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, enter	the name of the	1: 42
Name of New Registered Agent				
		·····		
	(Florida stree	ri address)		
New Registered Office Address:		Thy	, Florida	Zip Code)
	, ,	-1-,-7	,	ray (Court)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		th and accept the ob	ligations of the positi	ion.
				
Signa	ature of New Res	gistered Agent, if cha	nging	

Check if applicable

■ The amendment(s) is/are being filed pursuant 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 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
I) Change	Р	YONIEL PEREZ ARENCIBIA	322 SW 26TH PL
Add			CAPE CORAL FL 33991
Remove 2) Change	P	MARIA E GONZALEZ PINE	322 SW 26TH PL
X Add			CAPE CORAL FL 33991
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			*****
6) Change			
Add			
Remove			

(Attach add	<mark>ng or adding additional</mark> ditional sheets, if necessa	ry). (Be specific)	<u> </u>			
				<u>-</u> = -	······································	
	·					
If an ama	ndment provides for an	orghungo poplavcij	ioution or annoa	llation of issued s	harar	
provision	is for implementing the	amendment if not o	contained in the	amendment itself	<u> </u>	
(if no	n applicable, indicate N/:	1)				
		•				
			·			

·	08/13/2020	
The date of each amendment(s' date this document was signed.	adoption:	, if other than the
0 Effective date <u>if applicable</u> :	8/12/2020	
	(no more than 90 days after a	imendment file date)
Note: If the date inserted in thi document's effective date on the		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	ndopted by the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vesufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting gfor each voting group entitled to vote separate	
	ast for the amendment(s) was/were sufficient t	• •
by	(voting group)	 .
	(voting group)	
	08/13/2020	
Signature C	Glein	
selec	director, president or other officer – if director, by an incorporator – if in the hands of a rointed fiduciary by that fiduciary)	
	MARIA E GONZALEZ PINE	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	

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