P19000064690

(Red	questor's Name)	<u> </u>
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JUN 0 8 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	o Inc	
DOCUMENT NUM	BER: P19000064690		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Laura Garcia		
		Name of Contact Perso	n
	Thefamiliamoreno Inc	Transcor Condict Person	
		Fi/ C	
	1615 S Congress Ave, Su	Firm/ Company ite 103	
		Address	
	Delray Beach, FL 33445	7 Idaicos	
		City/ State and Zip Cod	ė
	Thefamiliamorenoinc@gm	ail.com	
		sed for future annual report	notification)
For further information	n concerning this matter, plea:	se call:	√ 763-1922
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		•
□ \$35 Filing Fee	□\$43.75 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Thefamiliamoreno Inc		
	Corporation as currentl	y filed with the Florida Dept. of State)
P19000064690		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,106 its Articles of Incorporation:	06. Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name N/A	e of the corporation:	
		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	v," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if a	upplicable:	1615 S Congress Ave, Suite 103
(Principal office address MUST BE A STR.	EET ADDRESS)	Delray Beach, FL 33445
		70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1615 S Congress Ave, Suite 103
		Delray Beach, FL 33445
D. If amending the registered agent and/o new registered agent and/or the new re	or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/	A	
	(Florida stre	
16 <u>New Regist</u> ered Office Address:		uite 103, Delray Beach 33445
	(, Florida Ciny) (Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent	
hereby accept the appointment as registered	l agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	John Doc	
X Remove	V	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	<u>V</u>	Cosme Moreno	1615 S Congress Ave, Suite 103
Add			Delray Beach, FL 33445
Келюче			
2) Change			
Add			
Remove 3.) Change			
Add			
Кетюче			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)	e(s) here:		
/A	- • •	•			
					
					
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				····	
					
					
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		<u> </u>			
If an amendment	provides for an exch	ange, reclassifica	tion, or cancellation	n of issued shares,	
(if not applic	nplementing the ame vable, indicate N/A)	nament if not con	tained in the amen	<u>dment itself:</u>	
A					
					<u></u>
 .					
					· · · · · · · · · · · · · · · · · · ·
			· <u> </u>		

	N/A		
The date of each amendment(s) ado date this document was signed.	ption:	, if other	than the
ē	th, 2020		
Effective date if applicable:			
	(no more than 90 days o	nfter amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Department.	ck does not meet the applicable startment of State's records.	atutory filing requirements, this date will not be liste	d as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of	directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number cient for approval.	r of votes cast for the amendment(s)	
☐ The amendment(s) was/were appro- must be separately provided for ea	ved by the shareholders through voi ch voting group entitled to vote sep	ting groups. The following statement carately on the amendment(s):	
"The number of votes cast for N/A by	the amendment(s) was/were suffic	ient for approval	
	(voting group)		
selected, b appointed	tor, president or other officer - ind	frectors or officers have not been of a receiver, trustee, or other court	
_	(Typed or printed name of	nerson signing)	
Pr	esident	person signing)	
	(Title of person signing)		