# P19000070076

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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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2022 SEP 27 PM 2: 02



A. RAMSEY SEP 28 2022

# FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/27/22

NAME: OLIPAL INT'L CORP

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

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NAME OF CORPOR	ATION: OLIPAL INT'L CO	)RP	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	OLGA RAMOS		
		Name of Contact Persor	1
	FREEDOM TAX SERVICES	S	
		Firm/ Company	
	12355 COLLIER BLVD STE		
		Address	
	NAPLES, FL 34116		
		City/ State and Zip Code	e
	OLGARAMOS0524@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
OLGA RAMOS		at (	455-6011
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:
■ \$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 Divi P.O.	ling Address Indment Section Sion of Corporations Box 6327 Shassee, FL 32314	Amend Division The C	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

FILED

OLIPAL INT'L CORP 2022 SEP 27 AM ID: 46 (Name of Corporation as currently filed with the Florida Dept. of State) P19000070076 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2800 TROPICANA BLVD APT 2A B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) NAPLES, FL 34116 C. Enter new mailing address, if applicable: 2800 TROPICANA BLVD APT 2A (Mailing address MAY BE A POST OFFICE BOX) NAPLES, FL 34116 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent \_ (Florida street address) \_, Florida\_ New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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:

Remove

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	OLIVAS PALMA, SALOMON A	217 GARFIELD ST
Add			NAPLES. FL 34104-3811
Remove		·	
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

	(Be specific)			
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		-		
an amendment provides for an exc	hange, reclassific	ation, or cancells	tion of issued sh	ares,
wit witterinterit binaines int wit ext	endment if not co	ontained in the an	nendment itself:	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	7/27/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ 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 cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
09/27/20	22	
Dated		
Signature	) Very demil	
(By a selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	<del></del>
	OLIVAS PALMA, SALOMON A	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	· -