P19 0000 71610

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LABRAIT APART	MENTS, INC.			
DOCUMENT NUM	BER: P19000071610				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DIANYK M ALVAREZ				
	•	Name of Contact Perso	on		
	LABRAIT APARTMENTS,	INC			
		Firm/ Company			
	1103 SW 156 TERR				
		Address			
	PEMBROKE PINES, FL 330	027			
		City/ State and Zip Co	de		
	JUAN@RSVTAX.COM				
	E-mail address: (to be us	sed for future annual repor	rt notification)		
For further information	on concerning this matter, please	se call: 954 at (696-1469		
Name of Contact Person			ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

LABRAIT APARTMENTS, INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000071610	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	•
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	-
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning underess MATT BE ATT OUT OF THE DOOR)	
D. If amending the registered agent and/or registered office ac	
new registered agent and/or the new registered office addre	2881
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

 \Box 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	P	STEFANO QUILLI	1103 SW 156 TERR
Add			PEMBROKE PINES
X Remove			FL 33027
Z) Change	Р	DIANYK ALVAREZ	1103 SW 156 TERR
Add			PEMBROKE PINES
Remove Change			FL 33027
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Ar sheets, if necessary).	(Be specific)			
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If an amendmer	t provides for an exc	hange, reclassific	ation, or cancella	tion of issued shar	es.
provisions for	mplementing the am	endment if not co	ontained in the an	nendment itself:	_
	cable, indicate N/A) ent provides for a rec	Inscritiontion of ice	und chares		
					
he new percentage	of distribution of issu	ed shares, follows	:		
DIANIK M ALV	REZ	PRESIDENT	100%		
		\\	-		,
· ·					
	-				
-					

	JULY 21, 2021		
The date of each amendment(s) adoption date this document was signed.	ption:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 de	ays after amendment fil	e date)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable applicable intiment of State's records.	le statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or boa	rd of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		umber of votes cast for	the amendment(s)
☐ The amendment(s) was/were appro must be separately provided for ea	wed by the shareholders throug ach voting group entitled to vot	gh voting groups. The f e separately on the ame	ollowing statement endment(s):
"The number of votes cast for	r the amendment(s) was/were s	sufficient for approval	
by			
	(voting group)		
JULY 21, 202 Dated	21	_	
Signature			
selected, l appointed	etor, president or other officer by an incorporator – if in the had d fiduciary by that fiduciary) — IANIK M ALVAREZ	ands of a receiver, trust	
	(Typed or printed nan	ne person signing)	
141	RESIDENT		

(Title of person signing)