# P19000073848

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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: <u>HDPY GOUP TIX</u> DOCUMENT NUMBER: <u>D19000073848</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DRBDRAH GONGALO HAVILLO Name of Contact Person
Firm/Company  1013 S Congress AVC  Address  Palm Solings 7L 33:16/
Palm Springs 72 33:16/ City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyborah Gonzalez Harrillo at (786), 675-9094  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street 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**

## Articles of Incorporation

MORY Grave To			
(Name of Corporation as currently f	iled with the Florida Dept, of State	)	
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the f	following amenda	nent(s) to
A. If amending name, enter the new name of the corporation:		The n	ew
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered, ""professional association," or the abbreviation "P.A	". A professional corporation nam	r the abbreviati	on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1)///	20	-
		000	- ' ' '
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	5 11112	
		206	-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	-2	
Name of New Registered Agent Debytah (	unzalez Harrer	<u></u>	
New Registered Office Address: Pam Sp//New	address)  1 . Florida	 33461	
(Ĉi	ίη)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the po	esition.	
& Soffer.			
Signgture of New Regi	istered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name /	Address
1) Change	<u> </u>	Christian A Garcia	1613 5 Cargress AVC Palm Sovins 171 3346,
X Add			1 ham Spins 172 3046
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del> </del>
4) Change			
Add			<del></del>
Remove			
5) Change			<del></del>
Add			
Remove			<del>-</del>
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
<del></del>				
	<u> </u>		_	
			"	
				. <u> </u>
		<u>-</u> -		
<del></del>				
If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not contain	, or cancellation of i ed in the amendmer	ssued shares, at itself:	
	-			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendments:	?માં
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	भ
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/10/19	
Signature 2	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – it in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	1
reburgh Consales Harrers	2
(Typed or printed name of person signing)	
President	
(Title of person signing)	