# P19000075442

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2020 (10.10.5 ) (61.10.1)

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CHIHUAHUA CL	AIMS CORP	····	
DOCUMENT NUN	D10000075447			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	HENRY GUTIERREZ			
		Name of Contact Pers	son	
	CHIHUAHUA CLAIMS CO	PRP		
		Firm/ Company		
	2411 NW 22ND AVE			
		Address	<del></del>	
	MIAMI FL 33142			
		City/ State and Zip Co	ode	
	CHIHUAHUACLAIMS@G	MAIL.COM		
	<del>-</del>	sed for future annual repo	ort notification)	
For further informat	ion concerning this matter, plea	se call:	506-1297	
Name	e of Contact Person	Area	Code & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Do	epartment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		et Address	
	nendment Section		ndment Section	
	vision of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

### Articles of Amendment to Articles of Incorporation of

# CHIHUAHUA CLAIMS CORP

(Name	of Corporation as curren	tly filed with the Florida	Dept. of State)
P19000075442			
<del></del>	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporati	on adopts the following amer
A. If amending name, enter the new n	same of the corporation:		
N/A			The
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	ted" or the abbreviation "Coi
B. Enter new principal office address.		N/A	
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS )		
			2
			0.00
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	2/20
	<del></del> ,		() ()
D. If amending the registered agent a			
new registered agent and/or the ne	w registered office addres	<u>s:</u>	•
Name of New Registered Agent	N/A		
	(Florida st	reet address)	
	N/A	,	N/A
New Registered Office Address:		(City)	, Florida(Zip Code)
		(6.5)	(inp tout)
New Registered Agent's Signature, if o	hanging Registered Agen	t:	
l hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obliga	itions of the position.
<del></del>	Circuit Car	2	
	Signature of New I	Registered Agent, if changi	ing
Ch i te it ii			

### 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 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; C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT a 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 Smit	Sally Smith				
Type of Action (Check One)	Title	ī	Name	<u>Addres</u> s			
1) X Change	P	-	HENRY GUTIERREZ	2411 NW 22ND AVE			
Add				MIAMI FL 33142			
Remove							
2) Change			_				
Add							
Remove 3) Change							
Add							
Remove				*In-tall-draw—			
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

E. If amending or adding additional Article (Attach additional sheets, if necessary).	cles, enter change(s) here:
	(be specific)
N/A	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
IV/A	

The date of each amendment(s) adoption date this document was signed.	otion:	î ol
06/17/2  Effective date <u>if applicable</u> :	020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not itment of State's records.	be
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and share	eho
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were approx must be separately provided for each	yed by the shareholders through voting groups. The following statement is the voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by <u>N/Λ</u>	.,,	
	(voting group)	
06/17/2020		
Dated		
Signature	HMD	
	for, president or other officer – if directors or officers have not been	
selected, b	y an incorporator - if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
HE	NRY GUTIERREZ	
	(Typed or printed name of person signing)	
PT	D	
	(Title of person signing)	