Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : HISPANUSA INC

Account Number : 120070000099

Phone

: (954)478-2706

Fax Number

: (954)934-0334

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MOSCARDI PAINTING INC

Certificate of Status	0
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TO: Amendment Section

COVER LETTER

Division of Corpor	rations			
NAME OF CORPOR	ATION: MOSCARDI PAI	NITING INC		
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
(CARLOS MOSCARDI			
		Name of Contact Person	n	
I	PRESIDENT			
_	-	Firm/ Company		
5	20 NW 7 ST			
		Address		
F	BOCA RATON, FL 33486			
_		City/ State and Zip Cod	c c	
1	NFO@HISPANUSA.COM			
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
CARLOS MOSCARDI	<u>. </u>	at (561	866-5177	
Name of	Name of Contact Person at () Area Code & Daytime Telephone Num			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 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

MOSCARDI PAINTING INC	
(Name of Corporation as cu	arrently filed with the Florida Dept. of State)
P19000091482	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	i <u>on:</u>
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAN TALLAN
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	ठेती ४
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Cods)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature of	New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.012	20 (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)

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>5V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MGR	JESUS H. MARIN AGUIRRE	548 NW 54TH ST
X Add			BOCA RATON FL 33487
Remove			
2) Change	MGR	DIEGO ARIAS OCHOA	1500 SW 7TH ST
X Add			BOCA RATON FL 33486
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			·
Add			
Remove			
6) Change			
Add			
Damaua			

	ticles, enter change(s) here: (Be specific)
·	
f an amendment provides for an excha	nange, reclassification, or cancellation of issued shares, and and an analysis of its and the smendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file do	nte)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the officient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	. P	
	(voting group)	
10/22/2020 Dated	Hos ari	
(By a d	irector, president or other officer - if directors or officers ha	ve not been
selecte	d, by an incorporator — if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	or other court
	CARLOS MOSCARDI	
	(Typed or printed name of person signing)	······································
	PRESIDENT	
	(Title of person signing)	