# P200000 26602

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

Division of Corpor	rations		
NAME OF CORPORA  DOCUMENT NUMBI	D 1 A	)HORSE, 1	RATRODS INC
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma Antonic	iter to the following:	25
_		Name of Contact Person	
- -	14155 Su MIAMI, F	Firm/ Company  1 87 ST 4  Address  1 ORIDA 3  City/ State and Zip Code	FE-108 3183
	•		
_	E-mail address: (to be us	des OVG hoosed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Antonia Name of	Contact Person	S at ( <u>786</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
□ \$35 Filing Fee		☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

# Mailing Address

TO: Amendment Section

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



April 20, 2020

ANTONIO VALDES 14155 SW 87 STREET #E-108 MIAMI, FL 33183

SUBJECT: DEADHORSE, RATRODS INC.

Ref. Number: P20000026602

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Page 1 is missing.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

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Letter Number: 820A00008157

Articles of Amendment	•
to	2.
Articles of Incorporation	222 S.
of of	
DEADHORSE RATRODS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	· //O:
P20000026602	31
(Document Number of Corporation (if known)	· ··
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre	viation "Corp.,"

name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	
"chartered," "professional association," or the abbreviation "P.A."	projessional corporation name mast comain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	14155 SW 87 ST #E-10. MÎ AMI, Florida-33183
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME)
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent  14155 SW  (Florida street  New Registered Office Address: MIAM)	9 87 ST # E-108 (raddress) Florida 33183
	Tity) (Zip Code)

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

☐ 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)

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 Doc
X Remove	Y	Mike Jones
<u>X</u> Add	<u>\$V</u>	Sally Smith
Type of Action (Check One)	Title	Name Address
1) X Change	P	(Anthony) Valdes 14155 SW87 ST E-108
Add		(Anthony) Valdes 14155 SW87 ST E-108 MIAMI, F1. 33183
Remove	$\circ$	Antonio Valdes 14155 SW 875T E-108
2) Change	$\mathcal{L}$	
_×_ Add		MIAMI, F1. 33183
Remove 3 ) Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5)Change		
Add		<del></del>
Remove		<del></del>
6) Change		
Add		
Remove		

hangir	g, Anthony	Valdes, to: Antonio	Val
	Than	R you	
EIN	# 85-675	95:	
		assification, or cancellation of issued shares,	
	nplementing the amendment if rable, indicate N/A)	not contained in the amendment itself:	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) add date this document was signed.	option: April. 20,2020, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fue date)
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
• • • • • • • • • • • • • • • • • • • •	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by Anton	110 1/aldes
-, <u></u> -	(voting group)
Dated	<u> 25,2020</u>
Signature	Man // Clos
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
_	Antonio Valdes
	(Typed or printed name of person signing)
_	Presipent
	(Title of person signing)