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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FLORMOSURA INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gregory Jackson Weber. Name of Contact Person
FLORMOSURA INC.
815 N. GOLF DV.
Additas
Hollywood FL 33021
City/ State and Zip Code
Hollywood FL 33021  City/ State and Zip Code  jacksunder 3@gmail.com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcela Bazana-Weber at (786.) 991.7131
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address  Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

	Articles of Amen	dment	******	akt di gratir	ी ठ्राक्ट विवेद
	Articles of Incorpo	oration		·	dr.
	0 m Q	SURG	INIC.		
(Name of Corpor	ation as currently file	ed with the Florid	la Dept. of State)		
(Dow	cument Number of Co	DD () poration (if know	<u> </u>		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Profit Corpor	ation adopts the fol	lowing amendme	ent(s) t
A. If amending name, enter the new name of the	e corporation:				
w/a	····			77	
name must be distinguishable and contain the word	"corporation," "comp	oany," or "incorpe	orated" or the abbro	The new eviation "Corp., *	
"Inc.," or Co.," or the designation "Corp," "h "chartered," "professional association," or the ab		ofessional corpor	ation name must c	contain the word	Å
charterea, projessional association, or the an	oreviation F.A.	N/A			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		~ (4-			
(Trincipal office address most be A STREET A				7	
				20 J	
		<del></del>			. ! 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)	NA		ان ا	•
(muning data ess <u>MAT DI, AT OST OTTTE</u>				797	111
					<u></u>
	_			<u> </u>	
D. If amending the registered agent and/or regi	stered office address	in Florida, enter	the name of the		
new registered agent and/or the new register					
Name of New Registered Agent	NA				
<del></del>	(Florida street a	ddress)		<del></del>	
New Registered Office Address:			, Florida		
	(City	)		(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:				
Thereby accept the appointment as registered agen	at. I am familiar with	and accept the ob	ligations of the posi	ition.	
,					
~/	4				
	A ignature of New Regist	ercd Agent, if cha	nging		
Check if applicable					
☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e), l	F.S.			

address of each Office (Attach additional she Please note the officer P. = Provident: V = Vi	er and/or Director tets, if necessary) director title by the test President: T= 7	r being added: e first letter of the ( Treasurer: S= Secr.	office title: etary: D= Director: TR= Trust	ee; C = Chairman or Clerk: CEO = Chief
Executive Officer: CF President, Treasurer. Changes should be no a change, Mike Jones	() = Chief Financia Director would be sted in the following leaves the corpora	d Officer. If an offi PTD. 13 manner. Current tion, Sally Smith is	cer/director holds more than on lv John Doe is listed as the PSI	e title, list the first letter of each office held.  and Mike Jones is listed as the V. There is all the noted as John Doe, PT as a Change,
Mike Jones, V as Rem	ove, and Sally Smit	h, SV as an Ada.		
Example: X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action	Title	Name		<u>Addres</u> s
(Check One)  i) X Change	VCFO	Gregor	y Jadosa Weber	815 N. Golf Dr. Hollywood FL 33021
Add			-	10119000 7033021
Remove  2) X Change	PCEO	Marcela	bazaya-Welse	815 N. Golf Dv.
Add			-	Hollywood PL. 3302
Remove 3) Change				
Add			-	
Remove			-	
4) Change				
Add			-	
Remove			-	
5) Change			<u></u>	

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

amend ttach ad	ling or adding additional Articles, enter change(s) here:  dditional sheets, if necessary). (Be specific)	
<del>-</del> -		
N	A	
<del></del>		
<u>provisio</u>	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
-	NA	

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The date of each amen date this document was		, if other than the
Effective date <u>if applic</u>	(no more than 90 days after amendment file date)	<del></del>
Note: If the date insert document's effective da	rted in this block does not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.	not be listed as the
Adoption of Amendme	ent(s) $(\underline{CHECK\ ONE})$	
★ The amendment(s) was not required.	was/were adopted by the incorporators, or board of directors without shareholder action and red.	shareholder
☐ The amendment(s) w by the shareholders	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ The amendment(s) w must be separately p	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
"The number o	of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated Signa	ature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	- sel.
	(Typed or printed name of person signing)	
	(Title of person signing)	