720000031122

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400344567864

05/14/20--01012--018 **35.00

S TALLENT JUN 0 3 2020

3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LA	Danesa, INC
DOCUMENT NUMBER: P1000	,
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
<u></u>	Haroldo Magaudon Name of Conjact Person
	La Danes 9 Firm/ Company
	7421 NW 1074 PL Address
	Doral FL 3317 8 City/ State and Zip Code
E-mail address: (t	grolom Wlive.com o be used for future annual report notification)
For further information concerning this matte	r, please call:
Haroldo Mayacdon	at (727) 3305853 Area Code & Daytime Telephone Number
	made payable to the Florida Department of State:
\$\frac{1}{2}\$	
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 I	ncor	norat	ior

of

La Danesa, IM	C
(Name of Corporation as currently	filed with the Florida Dept. of State)
P200003112	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	<i>Horida Profit Corporation</i> adopts the following amendment(s) to
\mathcal{W}/A A. If amending name, enter the new name of the corporation:	
	Thenew
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."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
D. Patan and mineral office address if applicable.	207
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2020 HA
/// AC. Enter new mailing address, if applicable:	P
U/AC. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	8
D. If amonding the registered point and/or registered office address	ora in Planida, antantha nama af tha
V/A D. If amending the registered agent and/or registered office address:	ess in Florida, enter the <u>name of the</u>
Name of New Registered Agent	
(Florida stree	u address)
New Registered Office Address:	, Florida
(0	
1 / New Registered Agent's Signature if changing Registered Agent	
I/A New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second secon	ith and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Chook if applicable	

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> <u>Johr</u>	<u>Doe</u>	
X Remove		e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	LP	José Mayadon	3919 Applegate CIL Brandon, FL 33511
Add		G	Brandon, FL 33511
_X Remove			7
2) Change	<u>LP</u>	Mariela Coa	3929 Applogate Cit Brandon, FL 33511
X Add			Brandon, +L 335(1
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	. (Be specific)
·	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself;
	

The date of each amendment(s) adoption: _date this document was signed.	5/11/2020	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	, , , , , , , , , , , , , , , , , , ,
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will r of State's records.	not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
Dearthe amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		
(v	roting group)	
Dated	S/11/2020	
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	-
	(Typed or printed name of person signing)	4
	Registered Agent. IT	