P20000 34006

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300344571573

05/15/20--01004--013 **35.00

ANY HE STATE

Omeng

JUN 0 5 2020

D CUSHING

COVER LETTER

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

NAME OF CORPORATION: FORDUTY CORP	
DOCUMENT NUMBER: P 2 00000 34 00 6	-
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RUSSEN DIAZ DEU TOIZO Name of Contact Person Firm/ Company 5829 39 TH ST N Address	
97. PETERS BUILG FL 3:37.14. City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	. 64
For further information concerning this matter, please call:	29) 7.4 200 - 1
RUISEN VIST DEC TORO at (727) 557 5600 Name of Contact Person Area Code & Daytime Telephone Nu	
Enclosed is a check for the following amount made payable to the Florida Department of State:	2: 93
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation

of		
- FORDUTY C	ORP	
	filed with the Florida Dept. of State)	
	34006	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
11/4		The new
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."		n "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/.4	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent RUBEN RUBEN		711 2: 23
5829 39 TH		.
New Registered Office Address: ST. PETERS	130126 , Florida 33 City) (Lip C	7/4 (ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Reg	gistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Khange	<u> P</u>	RUBEN DEL TORO	5929 39TH TN
Add			SI PETERSBURG
Remove		n, –	Fi 33714
2) Change	<u> P</u>	RUBEN DIAZ DEN TONO	
X Add			ST PETER SPURO
Remove 3) Change			Fi 33714
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	, or specif	•••/	20.00	۲۷ورست اور		
400	EIN	H.	35-6	7412	750		
- -	•	•					
···	·						
							
						· · · · · · · · · · · · · · · · · · ·	
				 		•	
							
							
							• • • • • • • • • • • • • • • • • • • •
·							
							<u>-</u>
					-		
·							
							· · · · · ·
n amendment	provides for an exch	ange, recla	ssification, or	· cancellation	of issued st	nares.	
visions for in	nplementing the amer						
(if not applie	able, indicate N/A)						
						· · · · · · · · · · · · · · · · · · ·	
			_				
							-
			-				
	-						

•

The date of each amendment(s) a late this document was signed.	doption: 05/13/2020	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blocument's effective date on the De	clock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
★ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the artificient for approval.	mendment(s)
· ·	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated <i>C5</i> /	13/2020	
selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or	
арроіп	ted fiduciary by that fiduciary) [Ciliate V	20
	(Title of person signing)	