P20000035733

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(Requestor's Name)		
(Address)	Ì	_
(Address)		_
(City/State/Zip/Phone #)	AIL.	
(Business Entity Name)		1
(Document Number)	Ť	Ť
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		





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TO: Amendment So Division of Co		COVER LETTER	
DOCUMENT NUM	MBER: P2000035733		
	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	Martha Altamirano		
	1	Name of Contact Perso	on
	Ameriplus Business Service	Firm/ Company	···
	7353 NW 174 Terrace, 100	Firm Company	
	NG	Address	
	Miami, Florida 33015	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ode
	HarthaAltamirano@msn/co		
	_ · •	used for future annual repor	rt notification)
	tion concerning this matter. ple		
Martha Altamirano		at (305	725-8219
	e of Contact Person for the following amount made		ode & Daytime Telephone Number partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amer Divis The C 2415	et Address Indment Section Ition of Corporations Centre of Tallahassee IN. Monroe Street, Suite 810 Indexe. F1, 32303

	i i	Articles of Amendment to	
	il Ar	rticles of Incorporation of	
2020 Sales Corp			
(Name of Corporation as cu	irrently file	d with the Florida Dept. of State)	
P20000035733			
(Document N	umber of G	orporation (if known)	
Pursuant to the provisions of section 607.10 Incorporation:	06, Florida(S	Statutes, this corporation adopts the following amendment(s) to its Articles
A. If amending name, enter the new nam	e of <u>the cor</u> j	poration:	
		_	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor, "chartered," "professional association," or	e word "cor p." "Inc." a the abbrevi	poration." "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain ation "P.A."	n "Corp"
B. Enter new principal office address, if a	 applicable:		•
(Principal office address <u>MUST BE A STR</u>		RESS)	-,
	<u> </u>		
C. Enter new mailing address, if applica	ble:		2:2
(Mailing address MAY BE A POST OF	<u>FICE BOX</u>)	<u>'</u> '
D. 16 dim the maniatural arount and/		d office address in Florida, enter the name of the	
new registered agent and/or the new r		d office address in Florida, enter the name of the ffice address:	
Name of New Registered Agent	- []		
Kame of New Registered Agent			
		(Florida street address)	
New Registered Office Address:		(City) Florida (Zip Code)	
		•	
New Registered Agent's Signature, if cha	nging Regis	tered Agent:	
I hereby accept the appointment as registere	ea ageni. 17	am familiar with and accept the obligations of the position.	
	CV	Registered Agent, if changing	
Signa	nare oj wew	pregmerea ngem, y onanging	
	;		
	;		
	1	Page 1 of 6	

address of each Office (Attach additional sheet Please note the officer/of P = President; V = Vico Executive Officer; CFO President, Treasurer, D Changes should be note a change, Mike Jones lo Mike Jones, V as Remon	and/or Director being ad s. if necessary) irector title by the first lette President; T= Treasurer; = Chief Financial Officer, rector would be PTD. d in the following manner.	ded: r of the office title: S= Secretary; D= Director, TR= I If an officer/director holds more tha Currently John Doe is listed as the Smith is named the V and S. These	Idirector being removed and title, name, and Crustee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example: X Change	PT John Doe		
X Remove	V Mike Jones		•
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	Title Name		Address
1) Change	P Henry	J. Zafra	11342 NW 74 Terrace
Add			Medley, Fl 33178
X Remove			
2) X Change	P Johan	A. Galderon	8630 W 33 Ave
Add			Hialeah, Florida 33018
Remove 3) Change			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			• • • •
Remove	i		
6) Change		<u> </u>	
Add			<u> </u>
Remove			-10-
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E. <u>If amending or adding additional Arti</u>	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	<u>. </u>
	· · · · · · · · · · · · · · · · · · ·
 If an amendment provides for an exch provisions for implementing the ame 	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
(if not applicable, indicate N/A)	
	
	; 1
	'
	·

10/12/2020
The date of each amendment(s) adoption:
Effective date if applicable:
(no m o re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
10/12/2020 Dated
Signature
(By a director, president or other officer if directors or officers have not been selected, by an incorporator \(\frac{1}{2}\) if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)
Henry J Zafra
(Typed or printed name of person signing)
President
(Title of person signing)