P20000036497

(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



500379097805

51.1.103 1 194-019 ******37. 1



31

JAN J , LULL

C. BRUMBLEY
JAN 3 1 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUSANA GOWE	R. BAs	
DOCUMENT NUMI	BER:		_
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	DIEGO F CHIRIBOGA, EA		
		Name of Contact Person	1
		Firm/ Company	
	2101 VISTA PARKWAY, S	UITE 231	
		Address	
	WEST PALM BEACH, FL	33411	
		City/ State and Zip Cod	2
	diegoc@fintaxis.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DIEGO F CHIRIBOC	JA, EA	at (228-6215
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

on as currently filed with the Flor	
•	wn)
•	wn)
i Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
rporation:	
	The new
orporation," "company," or "incorp" " or "Co". A professional corpo viation "P.A."	perated" or the abbreviation "Corp.," ration name must contain the word
<u></u> DRESS)	202
<u></u>	FILED 2JAN 11 AM 9: 51
red office address in Florida, enter	the name of the
office address:	
iower	
ND DRIVE	
(Florida street address)	
RTH	, Florida 33467
(City)	(Zip Code)
	red office address in Florida, enteroffice address: GOWER ND DRIVE (Florida street address)

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)

Example:

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.

X Change	<u>PT</u>	John Do	o <u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	-	_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_	<u></u>	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

auach <i>auamional sheets, if</i>	`necessary). (Be	specific)				
				··-		
			· · · · · · · · · · · · · · · · · · ·			
						
				·		
				· · · · · · · · · · · · · · · · · · ·		
			· · · · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
					· · · · · ·	
an amendment provides	s for an exchange	, reclassificatio	n, or cancellation	on of issued sha	res,	
<u>orovisions for implement</u> (<i>if not applicable, indi</i>	icate N A)	ent it not contai	inea in the ame	nament asen:		
	· · ·				, ,	-
						_
· · · · · · · · · · · · · · · · · · ·			·			
	-					

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharely	tolder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the an e sufficient for approval.	nendment(s)
☐ The amendment(s) was/were must be separately provided.	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
01/05/20 Dated)22	
Signature 🔀		
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	SUSANA GOWER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	