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(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALVAREZ & OR	OZCO CORP	
DOCUMENT NUM	BER: P20000046044		
	of Amendment and fee are su	ebmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Stephanie Alvarez		
		Name of Contact Person	n
	The Artisan CO		
		Firm/ Company	
	5755 NW 115 CT #105		
		Address	
	Miami, FL, 33178		
		City/ State and Zip Cod	e
	theartisancol@gmail.com		
		sed for future annual report	notification)
	on concerning this matter, plea		
Stephanie Alvarez		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2020

STEPHANIE ALVAREZ THE ARTISAN CO 5755 NW 115 ST #105 MIAMI, FL 33178

SUBJECT: ALVAREZ & OROZCO CORP

Ref. Number: P20000046044

We have received your document for ALVAREZ & OROZCO CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00018071

Articles of Amendment to Articles of Incorporation of

ALVAREZ & OROZCO CORP

(<u>Name</u> c	of Corporation as curren	itly filed with the Florida Dept. o	of State)
P20000046044		<u></u>	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation nan	the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S	TREET ADDRESS)		
			5.5 5.5 7.3
			ـــ د
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST		N/A	
			** **
			
			9
D. If amending the registered agent ar	nd/or registered office ac	ldress in Florida, enter the name	of the
new registered agent and/or the new			
Name of New Registered Agent	N/A		
Name of New Registered Agent	-		
		street address)	-
	N/A		
New Registered Office Address:		(City)	Florida(Zip Code)
		/Ciμ/	(zap com)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obligations	of the position.
	Signature of New	Registered Agent, if changing	
	экпаше од њен	negaterea ngent, y enanging	
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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MARIA M OROZCO	CALLE 99 #56-41
Add			Barranquilla, AT
X Remove			08001-5 CO
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			
			· · ·
			······································
			<u> </u>
			<u>-</u>
		·	
F. If an amendment provides for an exch	ange, reclassification, or cance	llation of issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the s	amenament usem:	
N/A			
			
			<u> </u>
		<u> </u>	,
			

10/06/2020	to a la la
The date of each amendment(s) adoption:	, if other than the
date this document was signed. N/A	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ 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):	mı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated Signature (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 cour	 1
appointed fiduciary by that fiduciary)	
Stephanie Awaret (Typed or printed name of person signing)	
(Typed of printed name of person signing)	
Mesident	
(Title of person signing)	