## P20 000051346

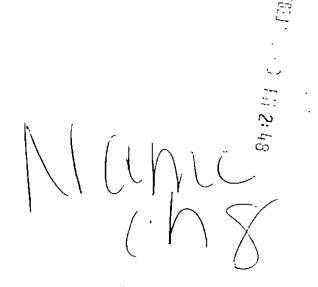
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|  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



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DOT 2 0 2020 LALBRITTON

## COVER LETTER

TO: Amendment Section

Division of Corporations

| NAME OF CORPOR        | RATION: VANESSA PALVES FE                 | ERREIRA PA   |  |  |  |
|-----------------------|---|--|--|--|--|
| DOCUMENT NUME         | BER: P20000051346                         |  |  |  |  |
| The enclosed Artic    | les of Amendment and fee are s            | submitted for filing.  |  |  |  |
| Please return all cor | respondence concerning this ma            | tter to the following:   |  |  |  |
|                       | MELENDEZ VEGA LLC                         |  |  |  |  |
|                       |   | Name of Contact Person   |  |  |  |
|                       | MELENDEZ VEGA LLC                         |  |  |  |  |
|                       |   | Firm/ Company  |  |  |  |
|                       | 7500 NW 25TH STREET SUIT                  | ΓE 105   |  |  |  |
|                       | Address                                   |  |  |  |  |
|                       | MIAMI, FL 33122                           |  |  |  |  |
|                       | MPAMI, 1 C 00 122                         | City/ State and Zip Code   | <del></del>  |  |  |
|                       |   |  |  |  |  |
|                       | michael@melendezvega.com                  |  |  |  |  |
|                       | E-mail address: (to be u                  | sed for future annual report no                                  | tification)  |  |  |
|                       |   |  |  |  |  |
| For further informati | on concerning this matter, please         | call:  |  |  |  |
|                       |   |  |  |  |  |
| MELENDEZ VEGA LLC     |   | at <u>305-271-5841</u>   |  |  |  |
|                       | Name of Contact Person                    | Area Coo   | le & Daytime Telephone Number  |  |  |
| Enclosed is a check   | for the following amount made p           | ayable to the Florida Departme                                   | ent of State:  |  |  |
| X \$35 Filing Fee     | S43.75 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) |  |  |
| ļ                     | Mailing Address                           | Street /   | Address  |  |  |
|                       | Amendment Section                         | Amend  | ment Section   |  |  |
|                       | Division of Corporations                  |  | of Corporations  |  |  |
|                       | P.O. Box 6327<br>Fallahassee Ft 32314     |  | ntre of Tallahassee<br>Monroe Street, Suite 810                                      |  |  |

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

| (Name of Corporation as  | s currently filed          | with the Florida Dept. of St   | tate)                        |
|--|----------------------------|--------------------------------|------------------------------|
| 220000051346   |                            |                                |                              |
| (Document  | Number of Corp             | oration (if known))            |                              |
| Pursuant to the provisions of section 607,1006, Florida Stoits Articles of Incorporation:  | tatutes, this <i>Flori</i> | ida Profit Corporation adop    | ots the following amendment( |
| . If amending name, enter the new name of the corp   | ooration:                  |                                |                              |
| ANESSA PATRICIA ALVES PA   |                            |                                | The new                      |
| ame must be distinguishable and contain the word "corpolinc.," or "Co.," or the designation "Corp," "Inc." or "Co". A<br>Chartered," "professional association," or the abbreviation | A professional co          |                                |                              |
| 3. Enter new principal office address, if applicable:<br>Principal office address MUST BE A STREET ADDRE   | ESS)                       |                                | <del></del>                  |
|  |                            |                                |                              |
|  |                            |                                | 020                          |
|  |                            |                                |                              |
| Enter new mailing address, if applicable:  |                            |                                | 1                            |
| (Mailing address MAY BE A POST OFFICE BOX)   |                            |                                |                              |
|  |                            | <u> </u>                       |                              |
|  |                            |                                |                              |
| ). If amending the registered agent and/or registered new registered agent and/or the new registered of  |                            | in Florida, enter the name     | _                            |
| Name of New Registered Agent:  |                            |                                |                              |
|  |                            |                                |                              |
|  | (Florida                   | street address)                |                              |
| New Registered Office Address:   |                            |                                | Florida                      |
|  | (Cit)                      | <i>(</i> )                     | (Zip Code)                   |
| lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am  |                            | d accept the obligations of th | ue position.                 |
| Signature of N   | New Registered A           | Agent, if changing             |                              |

Check if applicable

X The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

## VANESSA P ALVES FERREIRA PA

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 Doe    |         |
|-------------------------------|--------------|-------------|---------|
| X Remove                      | V            | Mike Jones  |         |
| X Add                         | <u>sv</u>    | Sally Smith |         |
| Type of Action<br>(Check One) | <u>Title</u> | Name        | Address |
| 1) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 2) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 3) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 4) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 5) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 6) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |

| ΑI | _^ |  |
|----|----|--|

VANESSA PALVES FERREIRA PA The date of each amendment(s) adoption: if other than the date this document was signed. 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) X 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 cast 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 (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 court appointed fiduciary by that fiduciary) VANESSA PATRICIA ALVES (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)