P20000058748

(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



700354041627

11/09/20--01033--028 **35.00

20:3 12: 2 2 2:03

1 mind

CEAL PRINTED N

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALESS ANDRA PIROT
Name of Contact Person For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

DRIV	t2DH	17+1) 1/VC		
(Name of Corporation :	as currently f	filed with the Florid	la Dept. of State)	
	2000 C	<u> 058/48</u>		
(Document	t Number of C	Corporation (if knows	n)	
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this <i>Flo</i>	orida Profit Corpord	ation adopts the follow	wing amendm
A. If amending name, enter the new name of the corp.	oration:			
				The nev
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia	r "Co". A p			
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)			200
		_		
				*
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				8:02
				٦
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		s in Florida, enter (the name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			, Florida	
New Meginited Office Financial.	(C	îty)	(2	(ip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	ered Agent: m familiar wit	h and accept the obl	igations of the positio	on.
	re of New Reg	istered Agent, if chai	nging	
	λ Φ .	3		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Ch. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove 2) Change	Title Currently ALVAREZ ROGER MICHAEL 15 LISTED AS TREASURER. THE CORRECT NAME IS ALVAREZ ROGER MIJAIL.	Address 66 W FLOGGER ST#10 MIAMI, FL 33130
Remove 3) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

amending or adding additional Article	s, enter change(s) here:
Attach additional sheets, if necessary). (6	Be specific)
<u> </u>	,
	Name of the state
F. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amends	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
- <u></u>	<u></u>

ate of each amendment(s)	adoption:	, if other the
, this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	u file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast sufficient for approval.	for the amendment(s)
	pproved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for appro-	ral
by		``
	(voting group)	
Dated	11/3/2020	
Signature		\sim
selec	director, president or other officer – if directors or off ted, by an incorporator – if in the hands of a receiver, tinted fiduciary by that fiduciary)	
	AUSSANDRA P	(1801
	M CORPORATOR (Title of person signing)	