P20000069551

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(,	
(0)	10: 1 7: 10:	-10
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(50	isiness Entity (var	110)
		
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Openial matradions to	i iiing Omoci:	
		ļ
		N04
		· · · · · · · · · · · · · · · · · · ·

Office Use Only



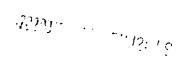
100350365311

11/18/20--01016--014 **35.00

1114

2023 HU. 17 AH 8: 29

Kner



October 30, 2020

CHRISTIAN VILCHES FIRST AID REFERRALS INC. 13920 LAKE PLACID CT. APT. 32 MIAMI LAKES, FL 33014

SUBJECT: FIRST AID REFERRALS INC.

Ref. Number: P20000069551

We have received your document for FIRST AID REFERRALS INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

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.

Letter Number: 720A00021697

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Cor	porutions		2.7.	
NAME OF CORPO	ORATION: First Aid Referrals	Inc.		
	1BER: P20000069551			
	es of Amendment and fee are sul	bmitted for filing.		
Please return all corr	respondence concerning this mat	tter to the following:		
	Christian Vilches			
		Name of Contact Person	1	
	First Aid Referrals Inc.			
	- -	Firm/ Company		
	13920 lake placid ct. Apt.32			
		Address		
	Miami lakes, Fl 33014			
	<u>-</u>	City/ State and Zip Code	<u> </u>	
	Cvilches121@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Christian Vilches		786 at (4741686	
Name of Contact Person		Area Coa	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
	mendment Section ivision of Corporations		ent Section of Corporations	
	O. Box 6327		entre of Tallahassee	
Т	allahassee, FL 32314	2415 8	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

First Aid Referrals Inc.

(Name of Corporation as currently	filed with the Florida Dent of State	<u> </u>
P20000069551	The view of the transfer of th	-/
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section $607,1006$, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the ab professional corporation name mus	breviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office address: Name of New Registered Agent		AH 8: 29
(Florida stre	et address)	
New Registered Office Address:	City)	(Zıp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the p	osition.
Signature of New Re	gistered Agent, if changing	
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)

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> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Christian Vilches	13920 Lake placid ct. Apt. B32
X Add			Miami Lakes, Fl 33014
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		_		_	_
					_
		·			
	<u></u>				
·				<u>. </u>	
		-			
<u> </u>					
	_				
					
· · ·					
<u> </u>					
		_			
an amendment provides for an exch	ange reclassif	ication or car	scellation of iss	ned shares.	
provisions for implementing the ame	ndment if not	contained in t	he amendment	itself:	
(if not applicable, indicate N/A)	nunicut transc	Contained in C	<u>re amendament</u>	TO THE PARTY OF TH	
(i) not applicable, material (1771)					
				·	<u>.</u>
					
<u>. </u>					
<u></u>					_

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement*

9/16/20 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)

(Title of person signing)

Christian Vilches

(Typed or printed name of person signing)

President

This document was sent to you previously, and was rejected due to lack of payment. The part written in pen was done this way instead of being typed, because I had forgot to type.

If for any reason, you need to contact me please feel free to do so, I prefer emails. I need this done as urgently as possible because it is starting to affect my business, dude to the fact of not being able to open a bank account for this company. I appreciate this very much.

Contact information

Christian Vilches

Telephone # - (786)4741686

Email - Firstaidreferrals@gmail.com