Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000406326 3)))



H200004063763ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:						
	Address:	Address:	Address:	Address:	Address:	Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN REMODELING BY AVILA INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C GOLDEN

NOV 3 0 2020

F.: 9:

Page: 3 of 6

		•
Articles of Amer	ndment	212711 1011 411 0
to Articles of Incorp	peration	2007 11 128 MM 9:
of	`	
Kemodelina bu A	vila Inc.	
(Name of Corporation as currently fi	led with the Florida Dept. of State)	
P 2 000 00 794 18		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flots Articles of Incorporation:	rida Profit Corporation adopts the fo	Howing amendment(s) to
. If amending name, enter the new name of the corporation;		
		The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p. "chartered," "professional association," or the abbreviation "P.A."	npuny," or "incorporated" or the abbr rofessional corporation name must	eviation "Corp.," contain the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
·		
-		
). If amending the registered agent and/or registered office address	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:	the orando	
Name of New Registered Agent DSmant R. A	ula quesada	
10201 Marti (Florida street		
New Registered Office Address: WIDMI	, Florida	33189
(CI	(ער)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the po	rition.
Jeeffer		
Algnature of New Regi	istered 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:

Page: 4 of 6

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.

Example: X Change	PI	John De	<u>oe</u>	
X Remove	¥	Mike Jo	paes	
X Add	<u>\$Y</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	PST	-	Osmani R. Avila Gursada	10201 Martinique Dr.
Add				Miami, FL 33189
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exc provisions for implementing the ame (If not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 11 25 2020
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)
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
by" (voting group)
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) Osmani R. A vi la Aussada (Typed or printed name of person signing) Description
(Title of person signing)