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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALLECTUS, INC.			
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HUGO GARCIA			
		Name of Contact Person		
	ALLECTUS, INC.			
		Firm/ Company		
	401 E Las Olas Blvd. Suite 13	30-387		
		Address		
	Fort Lauderdale, FL 33301			
		City/ State and Zip Code	:	
	allectusus@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
	i di n			
For further informatio	n concerning this matter, pleas	se call:		
HUGO GARCIA		305 at (7480460	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy 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 to Articles of Incorporation of

ALLECTUS, INC.				
(Name	of Corporation as currently	filed with the Florida De	pt. of State)	
P20000079465				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation :	adopts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbreviation "Corp.,"	
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent as	OFFICE BOX)	ess in Florida, enter the n	PATE STATE Ame of the	
new registered agent and/or the ne				
Name of New Registered Agent	HUGO GARCIA			
	401 E Las Olas Blvd. Suite	130-387		
	(Florida stree	et address)		
New Registered Office Address:	FORT LAUDERDALE		, Florida 33301	
	(0	City)	(Zip Code)	
New Registered Agent's Signature, if of thereby accept the appointment as registered.	sered agens. I am familiar w		· · · · · · · · · · · · · · · · · · ·	
	Signature of New Reg	gistered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Cleretary: D = Director; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	MGR	Mariana Quirola	401 E Las Olas Blvd. Ste 130-387			
Add			Fort Lauderdale, FL 33301			
X Remove 2) Change	P	Hugo Garcia	401 E Las Olas Blvd. Ste 130-387			
X Add			Fort Lauderdale, FL 33301			
Remove 3) Change	MGR	Rene Rondon	401 E Las Olas Blvd. Ste 130-387 Fort Lauderdale, FL 33301			
X Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change Add						
Remove						

ttach <i>ad</i>	dditional sheet:	additional Art s, if necessary).	(Be specific)			
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£		ridas for on one	hanaa saalaa	ification or so	incellation of is	mad shares	
provisio	ons for implen	nenting the am	endment if no	t contained in	the amendment	itself:	
(if r	not applicable,	indicate N/A)					
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The date of each amendment(s) adoption:, if other t	lhan
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 document's effective date on the Department of State's records.	d as
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)	
(voting group)	
Dated 8 19 2021 Signature	
(By a director, president of 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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	