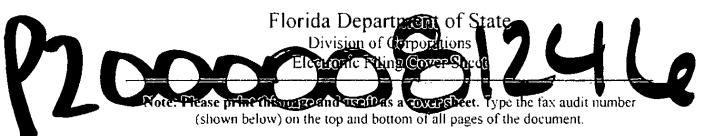
Division of Corporations



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From:

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Phone : (305)803-8471 Fax Number : (305)602-3977

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

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Help



Articles of Amendment to Articles of Incorporation of

	ida Dept. of State)
220000081246	
(Document Number of Corporation (if known	wn)
tursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corpo</i> s Articles of Incorporation:	ration adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation," "company," or "incorp	The new
Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpo	
chartered," "professional association," or the abbreviation "P.A."	2
F-4 165 - Add 16 15	020
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
	Y
	O: -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	··· 2
	νη σ
	r the name of the
. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	r the name of the
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address: Name of New Registered Agent	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:	, Florida
Name of New Registered Agent (Florida street address)	
Name of New Registered Agent (Florida street address) New Registered Office Address:	, Florida
Name of New Registered Agent (Florida street address) New Registered Office Address:	, Florida
Name of New Registered Agent (Florido street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent;	, Florida (Zip Code)
Name of New Registered Agent (Florido street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent;	, Florida (Zip Code)
Name of New Registered Agent (Florido street address) New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent;	, Florida(Zip Code)
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) cw Registered Agent's Signature, if changing Registered Agent;	, Florida (Zip Code)
new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:	, Florida, Florida(Zip Code) bligations of the position.

☐ 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, 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

Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	2020
Type of Action (Check One)	Title	Name	Address 2020 NO T
1) X Change	<u>Р</u>	Maria A Guardia Osio	2203 LAKEFIELD PL 5 5
Add			
Remove			F5 25
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	रचर्	S
ī/A		
		

AH II:

The date of each amendm date this document was sign		_, if other than the
Effective date <u>if applicabl</u>	e:	
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	not be listed as the
Adoption of Amendment((CHECK ONE)	
☐ The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and s	shareholder
	were adopted by the shareholders. The number of votes east for the amendment(s) s/were sufficient for approval.	21
	were approved by the shareholders through voting groups. The following statement; wided for each voting group entitled to vote separately on the amendment(s):	2020 NOV
"The number of ve	otes east for the amendment(s) was/were sufficient for approval	0 1
by	(voting group)	. <u>₹</u>
	The state of the s	ANII:2
11. Dated	/05/2020	25
Signatur	· JAL	
J	(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)	_
	Maria A Guardia Osio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	