## P20000083443

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	. INC	
DOCUMENT NUMI	D20000002442		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ANGELA GIRARDI		
		Name of Contact Person	1
	TU-CONTADOR INC		
		Firm/ Company	
	9724 NW 65TH ST		
		Address	
	TAMARAC, FL 33321		
		City/ State and Zip Cod-	c
	OFICINA@TU-CONTADO	R.COM	
	•	sed for future annual report	notification)
For further information	n concerning this matter, plea	954	614-7090
Name o	of Contact Person	Area Co	)de & Daytime Telephone Number
Enclosed is a check fo	r 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

TU-CONTADOR INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P20000083443	,	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following	amendment(s) to
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 abbreviation	i "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	1-1-1-1	<del></del>
C. Enter new mailing address, if applicable:		٠
(Muiling address MAY BE A POST OFFICE BOX)		 .ა
		<u> </u>
		77
		٠.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		7:26
Name of New Popietand Least		
Name of New Registered Agent		
(Florida stre	ci address)	
New Registered Office Address:	, Florida	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and account the obligations of the position	
r nereny accept the appointment as registered agent. Tam jamitiar w	an and accept the obligations of the position.	
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)

Example:

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	ANGELA GIRARDI	9724 NW 65TH ST
Add			TAMARAC, FL 33321
Remove			
2) X Change	D	ALEGNA LARA	9724 NW 65TH ST
Add			TAMARAC, FL 33321
Remove 3) X Change	D	VALERIA LARA	8369 TRENT CT, APT A
Add			BOCA RATON, FL 33433
Remove			
4) Change	<del></del>		
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			<u>-</u>
Remove			

ttach additional sheets, if necessary).	(Be specific)	
		<del></del>
· · · · · · · · · · · · · · · · · · ·		
	<del></del>	
	none and the second second second second	
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		<del>,</del>
<del></del>		

I <b>ne date of each</b> date this documer	amendment(s) ant was signed.	doption:	, if other than the
Effective date <u>if</u>	applicable:		
		(no more than 90 days after a	amendment file date)
Note: If the date document's effect	inserted in this tive date on the D	lock does not meet the applicable statutory partment of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Ame	endment(s)	( <u>CHECK ONE</u> )	
The amendmen action was not	nt(s) was/were ad- required.	pted by the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment by the shareho	nt(s) was/were ado olders was/were si	pted by the shareholders. The number of v fficient for approval.	votes cast for the amendment(s)
must be separ	ately provided for	roved by the shareholders through voting geach voting group entitled to vote separate	ely on the amendment(s):
"The nur		for the amendment(s) was/were sufficient f	for approval
by		(voting group)	"
	DECEME Dated	ER 21, 2020	
	Signature	Herwood	
	selecte	rector, president or other officer – if director, by an incorporator – if in the hands of a reed fiduciary by that fiduciary)	ors or officers have not been receiver, trustee, or other court
		ANGELA GIRARDI	
		(Typed or printed name of perso	on signing)
		PT	