

P21 0000006079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

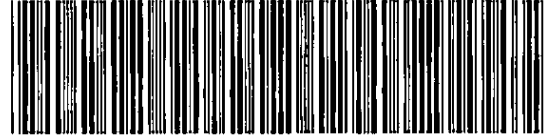
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/21--01026--005 **25.00

10/21/21--01005--007 **10.00

FILED
2021 OCT 21 AM 11:27
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

OCT 22 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2021

AMORE MIO INVESTMENTS CORP
1820 N CORPORATE LAKES BLVD
#103
WESTON, FL 33326

SUBJECT: AMORE MIO INVESTMENTS CORP
Ref. Number: P21000006079

We have received your document for AMORE MIO INVESTMENTS CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a CORP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 721A00021883

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMORE MIO INVESTMENTS CORP

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA M OYUELA
Name of Contact Person
AMORE MIO INVESTMENTS CORP
Firm/ Company
1820 N CORPORATE LAKES BLVD #103
Address
WESTON FL, 33326
City/ State and Zip Code
Sandra.oyuela69@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DURAN at (954) 384-9681
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee 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

AMORE MIO INVESTMENTS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000006079

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(e), F.S.

2021 OCT 21 AM 11:27
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>MGR</u>	<u>JUAN CARLOSDOMINGUEZ</u>	<u>1820 N CORPORATE LAKES BLVD #103</u>
<input type="checkbox"/> Add			<u>WESTON FL, 33326</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>JOHN A. OYUELA</u>	<u>1820 N CORPORATE LAKES BLVD #103</u>
<input checked="" type="checkbox"/> Add			<u>WESTON FL, 33326</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the 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 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)"

Dated October 12

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)

Sandra Magali Oyuela Vargas

(Typed or printed name of person signing)

Director

(Title of person signing)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMORE MIO INVESTMENTS CORP

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA M OYUELA

Name of Person

AMORE MIO INVESTMENTS CORP

Firm/Company

1820 N CORPORATE LAKES BLVD # 103

Address

WESTON FL. 33326

City/State and Zip Code

sandra.oyuela69@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DURAN

954 384-9661
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMORE MIO INVESTMENTS CORP

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 28, 2021 and assigned Florida document number P21000006079.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN CARLOS DOMINGUEZ	1820 N CORPORATE LAKES BLVD SUITE 103	<input type="checkbox"/> Add
		WESTON FL, 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDRA M.OYUELA	1820 N CORPORATE LAKES BLVD SUITE 103	<input checked="" type="checkbox"/> Add
		WESTON FL, 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN A. OYUELA	1820 N CORPORATE LAKES BLVD SUITE 103	<input checked="" type="checkbox"/> Add
		WESTON FL, 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

THIS DOCUMENT CONTAINS A FINL. WATER MARK - HOLD UP TO LIGHT TO VIEW

WesternUnionWU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

PUBLIX #1469

19-297794460

Q 349404 D 081021
I 1146 41
192977944606 L 001469

\$ 25.00

PAY EXACTLY TWENTY-FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF Florida Department of State

PAYMENT FOR/ACCT: #

1820 N. Corporate L2 K25 Blvd #103 Weston FL

33326

PURCHASER'S SIGNATURE

⑆102100400⑆ 40192977944606⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

AGT 349404 LDC 001469 DT 081021 \$25.00 25DOLLARS AND NO CENTS

Payable to
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the (attached) Money
Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on or replace or refund a lost or stolen WUFSI Money Order (except (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) you provide
WUFSI with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
service call 1-800-999-9550.

* 19297794460 *



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