P21000012174

(Requ	uestor's Name)	
(Addı	ess)	
nbbA)	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number))
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SECREBATE OF STATE

A. Butler

COVER LETTER

TO: Amendment Se Division of Cor				
	DRATION: INVERSIONES V 1BER: P21000012174			
DOCUMENT NUM	1BFR:	<u>. </u>		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma-	tter to the following:		
	VIGLIS V DALESIO DORT	Α		
		Name of Contact Person	_	
	INVERSIONES V199 CORI	P		
		Firm/ Company	<u> </u>	
	8729 NW 4 ST			
	Address			
	CORAL SPRINGS FL 33071			
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
		at ()	
Name	e of Contact Person	Area Coo) de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

INVERSIONES V199 CORP		рм 1 27
(Name of Corp	oration as currently filed with the Flor	rida Dept. of State)
P21000012174	SECRETAR	OF STATE
(E	Document Number of Corporation (if kno	wn)-E, II.
Pursuant to the provisions of section 607,1006, F its Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corpo</i>	vration adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the c	"Inc," or "Co". A professional corpo	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.	<u> </u>	
D. If amending the registered agent and/or re new registered agent and/or the new regist		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		bligations 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 (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)

Add

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	e, ana sa <u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	ARTURO M D'ALESIO MASTROL	8729 NW 4 ST
Add			CORAL SPRINGS FL 33071
X Remove			
2) Change	VP	ANGELA D'ALESIO DE SALAZAF	8729 NW 4 ST
Add			CORAL SPRINGS FL 33071
Remove Change	P	LUCREZIA M D'ALESIO	8729 NW 4 ST
X Add			CORAL SPRINGS FL 33071
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			

(Attach addition	or adding additional Artional sheets, if necessary).	(Be specific)			
EMOVING PR	ESENT PRESIDENT ANI	O VICEPRESIDEN	VT		
DDING A NEV	V PRESIDENT.				
_				<u>.</u>	
provisions fo	nent provides for an exchor implementing the ameroplicable, indicate N/A)	ange, reclassificat adment if not cont	ion, or cancellatio ained in the amen	n of issued shares, dment itself:	
		<u> </u>			
	· · ·	P\$ 4.00 P			
		·			
<u>-</u>					

MARCH 16, 2021 _____, if other than the The date of each amendment(s) adoption: 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 (voting group) (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) ARTURO M. D'ALESIO MASTROLONAR (Typed or printed name of person signing)