## P21 000020158

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
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A. Butler 1019121

## **COVER LETTER**

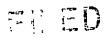
**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: ANJO, INC		
DOCUMENT NUM	D21000020158		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JORGE SAAVEDRA		
		Name of Contact Person	1
	AMERICA INCOME TAX		
		Firm/ Company	
	2896 FOREST HILL BLVD		
		Address	
	PALM SPRINGS, FL 33406		
	- <del></del>	City/ State and Zip Code	
	jorgesaa@bellsouth.net		
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
JORGE SAAVEDRA		at (	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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)
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



ANJO, INC			
(Name of Corporation as current	lly filed with the Florida Dept. of Stale AH 8: 24		
0.000.000.000.000	and the second s		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	: Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
ROSANNA PUJOLS PEREZ, INC	The _new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
	720 SUNNY PINE WAY APT G2		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	GREENACRES, FL 33415		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	720 SUNNY PINE WAY APT G2		
	GREENACRES, FL 33415		
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the		
(Florida s	treet address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	(Lay)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: - 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 (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)

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 Doc 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 Doe	
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
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary).	es, enter change(s (Be specific)			
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			<u></u>		
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provisions for impleme	enting the amend	dment if not cont:			

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	10/01//2021	, if other than the
The date of each amendment(s) addate this document was signed.	option:	If other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adoption was not required.	sted by the incorporators, or board of directors without shareholder action a	and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
09/24/2021 Dated Signature	A. T.	
(By a di	ector, 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 diduciary by that fiduciary)	
аррони	× Rosanna tuó/s teret	
•	(Typed or printed name of person signing)	
]	PRESIDENT	
•	(Title of person signing)	