## P21 00000 a 5564

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(Address)	
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2021 JUN -4 AM 7:36 SECRETARY OF STATE

A - Butler

## COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION: COMBINED TITL	ES INC	
DOCUMENT NUMBE	R: P21000025564		
	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ndence concerning this mat	tter to the following:	
		LAZARO L AGUILAR	
		Name of Contact Person	
		COMBINED TITLES INC	
_		Firm/ Company	
		1511 NE 8TH ST APT 9	
<del></del>		Address	
_		HOMESTEAD, FL 3303	
		City/ State and Zip Code	<b>:</b>
IN	FO@YMLSERVICE.COM	1	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information of	oncerning this matter, pleas	se call:	
LAZARO	L AGUILAR	786	712-5287
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

COMBINED TITLES INC

FILED

(Name o	f Corporation as current	v filed with the Elorida Dept. o 2021 JUN -4	of State)
	P21000025	564 ZUZI JUR -4	MII 7:30
	•	f Corporation (if <b>known</b> ETAR) TALLAHA	SSFE.F!
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ado	ots the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
COMBINED TILES INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc." or "Co".	A professional corporation nan	the abbreviation "Corp" ne must contain the word
B. Enter new principal office address,	if annlicable:	1511 NE 8TH ST APT 9	
(Principal office address MUST BE A S	TREET ADDRESS )	HOMESTEAD, FL 33031	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1511 NE 8TH ST APT 9	
		HOMESTEAD, FL 33031	
D. If amending the registered agent ar	nd/or registered office add	lress in Florida, enter the name	e of the
new registered agent and/or the new		<u>s:</u>	
Name of New Registered Agent	LAZARO L AGUILAR		
	1511 NE 8TH ST APT 9		
		(reet address)	22021
New Registered Office Address:	HOMESTEAD		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	changing Registered Ager tered agent. I am familia	it; with and accept the obligations	of the position.
,		a	
	azaro L 4	AGUICAR Registered Agent, if changing	
	Signature of New	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed µ	oursuant 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 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 Doc	
X Remove	$\underline{V}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

stach additional s	<mark>ding additional Art</mark> heets, if necessary).	(Be specific)				
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<u>f an amendment</u>	provides for an exc	hange, reclassit	ication, or cand	ellation of issue	a snares,	
provisions for in	plementing the am	<u>iendment 11 not 0</u>	contained in the	<u>e amenament us</u>	en.	
(if not applied	able, indicate N/A)					
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The date of each	amendment(s) ado	ption:		, if other than the
date this documen				
Effective date <u>if</u> :	applicable:	(no more than 90 days o	after amendment file date)	
Note: If the date document's effect	inserted in this blo live date on the Dep	ck does not meet the applicable st artment of State's records.	atutory filing requirements, this date w	ill not be listed as the
Adoption of Amo	endment(s)	( <u>CHECK ONE</u> )		
The amendmen action was not		ted by the incorporators, or board o	f directors without shareholder action ar	nd shareholder
☐ The amendmen	nt(s) was/were adop olders was/were suf	ted by the shareholders. The numb icient for approval.	er of votes cast for the amendment(s)	
☐ The amendment	nt(s) was/were appr rately provided for e	oved by the shareholders through ve ach voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):	
"The nu	mber of votes cast f	or the amendment(s) was/were suffi	cient for approval	
by		<u> </u>	·"	
		(voting group)		
	05/25/2021 Dated			
	Signature Z	alaro L Ago	silar.	
	(By a dir selected	ector, president or other officer – if	directors or officers have not been s of a receiver, trustee, or other court	
		LAZARO L	AGUILAR	
	-	(Typed or printed name of	of person signing)	
		PRESII	DENT	
	-	(Title of person signing)		