P21000028832

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FILED 2021 APR 12 PH 4: 36

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: LARKINVEN RE	PRESENTACIONES INC	
	JMBER: P21000028832		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	MADELEYN PAOLINI		
		Name of Contact Person	1
	LARKINVEN REPRESENT	ACIONES INC	
		Firm/ Company	
	11957 CHARADES ST		
		Address	
	ORLANDO FL 32832		
		City/ State and Zip Cod	e
For further inform	ation concerning this matter, plea		
MADELEYN PAOLINI		at (_) 8016473 de & Daytime Telephone Number
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	urtment 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 Articles of Incorporation

,	Articles of Incorporation	2.	£,
	of	1021	180 KF.
LARKINVEN REPRESENTACIONES INC			APR 12 F/14:36
(Name of Corporation	on as currently filed with th	<u>e Florida Dept. of St</u>	ate) Py
21000028832			ے ک ^ی کی _
(Docum	nent Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts th	ne following amendment(s)
A. If amending name, enter the new name of the co	prporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional		
3. Enter new principal office address, if applicable	:		_
Principal office address <u>MUST BE A STREET ADD</u>			
			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>)		
			
 If amending the registered agent and/or register new registered agent and/or the new registered of 		, enter the name of t	<u>he</u>
Name of New Registered Agent			<u>.</u>
	(Florida street address)		
New Registered Office Address:	(City)	Floric	da(Zip Code)
	.0.0,7		(r.y. Cour)
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept	t 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)

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	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	Р	MADELEYN PAOLINI	11957 CHARADES ST			
X Add			ORLANDO FL 32832			
Remove		VB 4 M/4/4/2/4 L B 4 / 4 L B 4 L B 4 / 4 L B 4	CALLE BARNO CONTAINER			
2) X Change	S	FRANCISCO I PAOLINI	CALLE PARIS CON MUCUCHIE			
Add			TORRE SMA STE 48			
Remove 3) Change			CARACAS 33070 VENEZUELA			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

	rts, if necessary). (B	le specific)			
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f an amendment pro	<u>vides for an exchang</u>	e, reclassificatio	<u>n, or cancellation o</u>	f issued shares,	
provisions for imple	menting the amendm	ient if not contai	ned in the amendo	ient itself:	
	, indicate N/A)				
(if not applicable					
(if not applicable					
(if not applicable					
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1.6. 1. 1	ch amendment(s) adoption:, if other than
date this docum	nent was signed.
Effective date	if applicable:
	(no more than 90 days after amendment file date)
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ective date on the Department of State's records.
Adoption of A	mendment(s) (CHECK ONE)
The amendn action was n	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) cholders was/were sufficient for approval.
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):
"The i	number of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
- "	(voting group)
	Dated 04/08/2021 Signature trnival Poderi.
	Signature tronico Poderie.
	(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 (iduciary)
	(Typed or printed name of person signing)
	Tresiont.