

P21000033715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

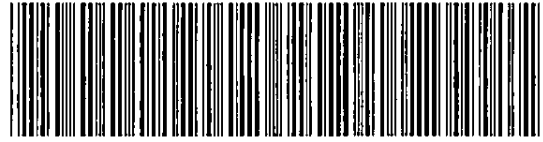
(Business Entity Name)

(Document Number)

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Effective date 4-26-24  
03/25/24 01018 021

Amend

FILED  
2024 APR 25 PM 12.25  
TAX & BUSINESS SERVICES  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR 25 PM 3:26  
TAX & BUSINESS SERVICES  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 26 2024

124A -

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature: 

Business Name: MAYOR ORIGINALES GM INC

Document # P21000033715

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**OTHER FILINGS**

☐ Apostille

Country

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MAYOR ORIGINALES GM INC

**DOCUMENT NUMBER:** P21000033715

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

Please return all correspondence concerning this matter to the following:

BRENDA A PARTIDAS MARTINEZ

Name of Contact Person

Firm/ Company

1170 NW 11TH ST APT 603

Address

MIAMI FL 33136

City/ State and Zip Code

amazonasinsurance2020@gmail.com

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

For further information concerning this matter, please call:

MARLIN MENDOZA at (407) 5082706  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

MAYOR ORIGINALES GM INC

FILED

2024 APR 25 PM 12 25

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

P21000033715

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

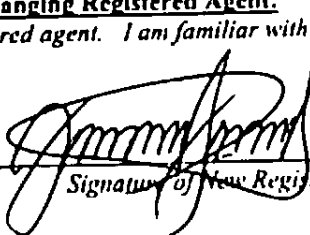
Name of New Registered Agent JUAN A LOZANO RODRIGUEZ

(Florida street address)

New Registered Office Address: 1170 NW 11TH ST APT 603 MIAMI, Florida 33136  
(City) (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 (11) (c), F.S.

Remove

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The date of each amendment(s) adoption: 04/24/2024, if other than the date this document was signed.

Effective date if applicable: 04/26/2024  
(no more than 90 days after amendment file date)

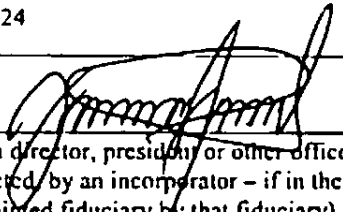
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04/24/2024

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)

JUAN A LOZANO RODRIGUEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)