## P21000056218

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA BAYSI	DE GROUP CORP	
DOCUMENT NUM	P21000056218		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARIADNA OJEDA		
	AYUDA CENTER	Name of Contact Person	<u> </u>
	711 (717) (717) (117)	Firm/ Company	<u> </u>
	8230 CORAL WAY	, o <b>,</b> ,	
		Address	<del></del>
	MIAMI, FL 33155		. <u>-</u>
		City/ State and Zip Cod	2
	AOJEDA@AYUDACENTE	R.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
ARIADNA OJEDA		at (	971-5232 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314	Amend Divisio The C 2415 t	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	CATALLA	RAYSID	11 / 113/ 11	113 / 7/ 3/14/15
1-1				

(Name of Corporation as cu	rrently filed with the Flor	rida Dept. of State)	
P21000056218			
(Document Nu	mber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpo</i>	oration adopts the following amendmen	n(s) t
A. If amending name, enter the new name of the corporat	ion:		
		The new	
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	lo". A professional corpe		
B. Enter new principal office address, if applicable:		161	
(Principal office address MUST BE A STREET ADDRESS			3
	-	2	****
	<del></del>		
C. Enter new mailing address, if applicable:		PH 12:	1000
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u>ب</u>	
		. –	
	<del></del>		
D. If amending the registered agent and/or registered office		r the name of the	
new registered agent and/or the new registered office ac	auress:		
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·	rida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered .  Thereby accept the appointment as registered agent. I am fan		blivations of the position	
		,	
Signature of i	New Registered Agent, if ch	anging	
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 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> <u>Jo</u>	ohn Doe		
X Remove	<u>V</u> <u>M</u>	like Jones		
X Add	<u>SV</u> <u>Si</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	ARIADNA OJEDA	8230 CORAL WAY	
Add			MIAMI, FL 33155	_
Remove 2)Change	P	KATIA TRUSICH ORTIZ	8230 CORAL WAY	_
X Add			MIAMI, FL 33155	
Remove 3 ) Remove				_
Add				_
Remove				_
4) Change				_
Add				_
Remove				
5) Change				_
Add				
Remove				
6) Change				_
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)				(Be specific	's, if necessary).	mending or adding ach additional sheets
provisions for implementing the amendment if not contained in the amendment itself:			, <u></u>			
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The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme)	nt file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. I each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for approx	zal ————————————————————————————————————
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
selected	rector, president or other officer – if directors or offi d, by an incorporator – if in the hands of a receiver, the ed fiduciary by that fiduciary)	
	KATIA TRUSICH ORTIZ	
	(Typed or printed name of person signing	3)
	President.	
	(Title of person signing)	