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SECRETARY OF STATE.

COVER LETTER

TO: Amendment Section Solvision of Corporations

NAME OF CORPOR	ATION: R RESENDIZ IN	√C			
DOCUMENT NUMB	P21000081338		<u></u>		
The enclosed Articles of	f Amendment and fee are st	bmitted for filing.			
Please return all corresp	oondence concerning this ma	atter to the following:			
		ROSENDO RESENDI	Z		
_	Name of Contact Person				
R RESENDIZ INC					
-	Firm/ Company				
	1415 LESLIE DR				
-	Address				
	LAKELAND, FL 33801				
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/ State and Zip Code	િ		
-	E-mail address: (to be us	sed for future annual report	notification)		
		·			
For further information	concerning this matter, plea	se call:			
ROSENDO RESENDIZ		at (900-5032		
Name 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	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

R RESENDIZ INC

2021 NOV 18 AM 10: 01

to

(Name of Corporati	on as currently fi	led with the Flo	rida Deßf. ORState	RY OF STAD
	P21000081338		TALLAHAS	SEE. FLUR
(Docum	nent Number of Co	orporation (if kn	own)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corp	ooration adopts the f	following amendment(
A. If amending name, enter the new name of the co	orporation:			
				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 pi			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
	-			
		ėst.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X</u>)			
	_			
	-	•		
 If amending the registered agent and/or register new registered agent and/or the new registered 		in Florida, ent	er the name of the	
new registered agent and/or the new registered	office address.			
Name of New Registered Agent				
	(Florida street c	relation (c)		
	prantaa sireeri	aaa css)		
New Registered Office Address:	(Cit	y)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		and accept the e	obligations of the po	osition.
3			3 , 7	
Sianz	nure of New Regis	tered Agent if c	hanoina	
Sign	ame of new negra	arangem, n C	nunging	
Check if applicable				

 \Box 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.

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)	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			

(Attach additional sheets, if necessar	Articles, enter charry). (Be specific)				
				<u>.</u>	
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. If an amendment provides for an provisions for implementing the	exchange, reclassif amendment if not i	ication, or cance contained in the	<u>llation of issued st</u> amend <u>ment itself:</u>	<u>iares,</u>	
(if not applicable, indicate N/A	1)		· ·		
leed to add to ther Pupuse of the Inc th	ne Following				
- GENERAL FREIGHT					
- HOUSEHOLD GOODS					
			<u> </u>		
	<u>.</u>				

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing rec partment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	or the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approva	1
by		
,	(voting group)	
DatedSignature		
L(By a di selected	rector, president or other officer – if directors or officel, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	ROSENDO RESENDIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	