## P22000031313

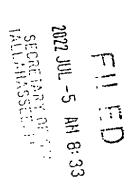
(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	J. HORNE
	OCT 10 2022

Office Use Only



600390419956

97/95/23--01934--011 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	PRATION: CARLOS EDUAR	DO LOPEZ ALCALA PA		
DOCUMENT NUM	1BER: P22000031313			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	CARLOS EDUARDO LOPE	Z ALCALA		
		Name of Contact Persor		
	CARLOS EDUARDO LOPE	Z ALCALA PA		
		Firm/ Company		
	15350 SW 23RD STREET			
	Address			
	MIAMI, FLORIDA 33185			
		City/ State and Zip Code	;	
	carloslopezalcala@gmail.com	1		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se cail:		
CARLOS EDUARDO LOPEZ ALCALA		at ( <u>786</u>	202-3768	
Name	e of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check	for the following amount made [	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	☐\$43.75 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)	

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

F11 ED 2022 JUL -5 AM 8: 31

	SEC25- MIT 8: 31
(Name of Corporation as curren	tly filed with the Florida-Depte of State) (i=
22000031313	"" SEE.
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
7/A	The new
ame must be distinguishable and contain the word "corporation." Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS )	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maining address MATT IN ATT OUT OF THE MON)	
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	
Ν!/Δ	<u> </u>
Name of New Registered Agent	
——————————————————————————————————————	distribution of the con-
	street address)
(Florida s  New Registered Office Address:	street address) Florida (City) (Ztp Code)

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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	D	REINALDO VICENTINI	155 OCEAN LN DR # 504		
X Add			KEY BISCAYNE, FLORIDA		
Remove			33149		
2) Change	1)	MARIANA LOPEZ ALCALA	16259 SW 44 Ln		
X Add			MIAMI, FLORIDA		
Remove 3 ) Change			33149		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			<u></u>		
Remove					
6) Change					
Add					
Remove					

If amendiz (Attach ada	ig or adding additional A litional sheets, if necessary,	rticles, enter char ). (Be specific)	ige(s) here:			
				<del></del>		
					<u> </u>	
	4. <u>4</u>		····	<del></del>		
			<del></del>			
		-				
					•••	
If an amer	dment provides for an ex	chango roclassifi	eatian or cancell	ation of issued cha	roc	
provision	s for implementing the ar applicable, indicate N/A)				1 6.34	
		<del></del>				
		<del></del>				

06/29/2022	
The date of each amendment(s) adoption:	er than the
06/29/2022 Effective date if applicable:	
(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 lidocument's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	ier
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
(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)	
CARLOS E LOPEZ ALCALA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_