

P22000048482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

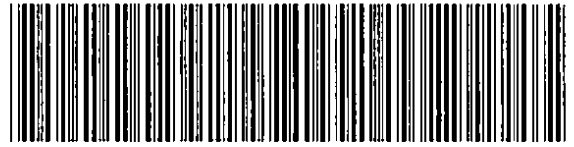
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R. HUNT
06/13/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PATRIA Y VIDA MULTISERVICES CORP

DOCUMENT NUMBER: P22000048482

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

Please return all correspondence concerning this matter to the following:

JUAN G. RODRIGUEZ LOPEZ

Name of Contact Person

PATRIA Y VIDA MULTISERVICES CORP

Firm/ Company

4113 SKYLINE BLVD

Address

CAPE CORAL, FL 33914

City/ State and Zip Code

patnayvidapainting@gmail.com

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

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OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

JUAN G. RODRIGUEZ LOPEZ

Name of Contact Person

at (239)

371-2581

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

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

PATRIA Y VIDA MULTISERVICES CORP

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

P22000048482

(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)

4113 SKYLINE BLVD

CAPE CORAL, FL 33914

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4113 SKYLINE BLVD

CAPE CORAL, FL 33914

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

YENEISI FIGUEROA CASTRO

4113 SKYLINE BLVD

(Florida street address)

New Registered Office Address:

CAPE CORAL

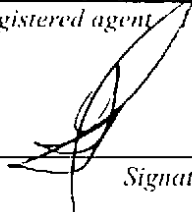
(City)

Florida 33914

(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.

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	NARDA JIMENEZ	3820 6TH ST SW
<input type="checkbox"/> Add			LEHIGH ACRES, FL 33976
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	YENEISI FIGUEROA CASTRO	4113 SKYLINE BLVD
<input checked="" type="checkbox"/> Add			CAPE CORAL, FL 33914
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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2021 JUN 13 PM 7:33
CLERK OF STATE
TALLAHASSEE, FL

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

MAY 26 OF 2023

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

MAY 26 OF 2023

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 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 05-26-2023

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 G. RODRIGUEZ LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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DEPARTMENT OF STATE