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	To:			DUN 22
		Fax Number	f Corporations : (850)617-6380	
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22 ATT 11: CO	ENT OF STATE COSE WRATIONS SSEE WLORIDA unu and unu	Phone Fax Number e email ac	mber : I20080000033 : (305)644-3055	
2023 JUN	VISION IALLAN		D/RESTATE/CORRECT OR O/D F	PESICN
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TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: 2020 SW 15	ST CORPORATION IN	C	
DOCUMENT NUMBER: P23000043311			
The enclosed Articles of Amendment and fee	are submitted for filing		
Please return all correspondence concerning	this matter to the followi	ng:	
ENNA DIEPPA			
KIJOENNA SERVIC	Name of Cont ES INC	act Person	. :
2141 SW 1 ST STE 1	Firm/ Cot	npany	
MIAMI 33135	Addre	88	15:
	City/ State and	Zip Code	·
KRISJOENNA@YAF	IOO.COM to be used for future ann	uel report patification	
E-Mair address. (to be used to: raidic anni-	aar report notification)	
For further information concerning this matter	r, please call:		
ENNA DIEPPA	at (7864997132	
Name of Contact Person		Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amount	made payable to the Flo	orida Department of State:	
S35 Filing Fee		y Certificate of S	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassec, FL 32303	

Articles of Amendment

	fo Articles of Inc			
2020 SW 1 ST CORPORATION INC	of.			
	ornoration as current	y filed with the Florida D	ont of State)	
P23000043311	sorporation as current	A men with the Librar D	ept. of State)	
	(Document Number o	Corporation (if known)		
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	 06, Florida Statutes, this 	Florida Profit Corporation	adopts the following	; amendment(s) to
A. If amending name, enter the new nam	e of the corporation:			
		l I		The man
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor," chartered," "professional association," or	p," "Inc," or "Co". A	ompany," or "Incorporate professional corporation	d" or the abbreviation name must contain	n Forp.," the word
B. Enter new principal office address, if a			<u> </u>	22
	,		731	<u> </u>
			7:	<u>ب</u>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		(w
			<u> </u>	
D. If amending the registered agent and/e	n moderned office addi	Florida antonia		
new registered agent and/or the new r	egistered office address	ess in giorida, enter the	name of the	
Name of New Registered Agent	,			
_	6322 NW 2			
		est address)		
New Registered Office Address:	HIALEAH, 7	1/33015	, Florida	·oda)
		10.199	(Zip C	bde)
New Registered Agent's Signature, if chai I hereby accept the appointment as registere			ions of the position	
Thorony accept the appointment as registere		in una accept me omigat	ions of the position.	
	Haria G	males		
	Signature of New R	egistered Agent, if changin	g	
Check if applicable The amendment(s) is/are being filed purs	uant to s. 607.0120 (11)	(c), F.S.		
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address of each Officer (Astach additional sheets, Please note the officer/did P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D If necess rector title President Chlef Fi rector word in the foil was the co	irector be ary) e by the fi ; T= Trea nancial O uld be PTi llowing m orporation	ing added: rst letter of the office title surer; S= Secretary; D= fficor. If an officer/direc D. anner. Currently John I; sally Smith is named to V as an Add.	ne of each officer/director: :: = Director; TR = Trustee; tor holds more than one the Poe is listed as the PST and the V and S. These should the	C = Chairman or Cle le, list the first letter of Mike Jones is listed t	rk; CEO = feach office as the V. Th	Chief e held. here is
X Remove	Y	Mike Jo	ncs ;				
X Add	<u>sv</u>	Sally Sn	<u>iith</u>				
Type of Action (Check One)	Title		Name	Add	ress	~1	
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6) Change	D		REYES JADHIEL	6322	NW 201 TER		
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amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)	1			
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f an amendment provides for an exch	 ange, reclassification,	or cancellation of issued s	hares,		
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(if not applicable, indicate N/A)	1	: :			
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The date of each amendment date this document was signed Effective date if applicable:	(s) adoption:		ys after amendment file do		, if other than the
Note: If the date inserted in t document's effective date on t			statutory filing requirem	ents, this date will n	ot be listed as the
Adoption of Amendment(s)	Œ	CHECK ONE)			
The amendment(s) was/wer action was not required.	re adopted by t	the incorporators, or boa	d of directors without sha	rcholder action and sh	archolder
☐ The amendment(s) was/wer by the shareholders was/was/was/was/was/was/was/was/was/was/		•	mber of votes cast for the	amendment(s)	m.)
The amendment(s) was/wes must be separately provide	re approved by ed for each vot	the shareholders througing group entitled to vot	h voting groups. The follow separately on the amenda	wing statement ment(s):	三十十. F 2023 JUN 22
"The number of votes	s cust for the a	l mendment(x) was/were s 	ufficient for approval	meni(s):	122
by	(voting group)	,21	φ	# 10: 48
06/20. Dated	/23				8
Signature	Mari		- if directors or officers ha	We not been	
Se	elected, by an i		ands of a receiver, trustee,		
	MARIA	GONZALEZ			
		(Typed or printed nar	ic of person signing)		
	PRESID	<u> </u>	<u>)</u>		
		(Title of person signi	ሰ g) : :		
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