

9/7/2019

Division of Corporations

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
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To:

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : VALDES ACCOUNTING AND TAXES, INC.  
Account Number : I20120000066  
Phone : (305)227-2727  
Fax Number : (305)397-2675

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

**Email Address:** valdesaccounting@gmail.com

SECURITY  
TALLAHASSEE, FL  
Structure

75

100

00:8 HV 6-2356102

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**TURPIAL BRAND CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

## Electronic Filing Menu

Corporate Filing Menu

## Help

SEP 10 2019

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Articles of Amendment  
to  
Articles of Incorporation  
of

TURPIAL BRAND CORPORATION

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

P93000029957

(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)**

300 N KROME AVE BLDG 3

FLORIDA CITY FL 33034-3414

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

P.O. BOX 960988

MIAMI FL 33296-0988

**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: Armando D. Setolongo

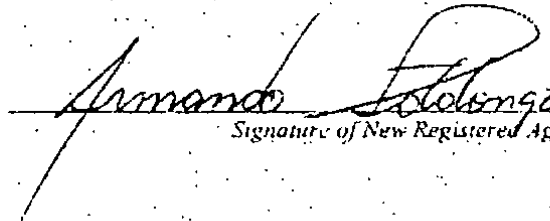
300 N KROME AVE BLDG 3

(Florida street address).

New Registered Office Address: FLORIDA CITY, Florida 33034-3414  
(City) (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

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2019 SEP -9 AM 9:59  
TALLAHASSEE, FL

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**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 PTD 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<br>(Check One) | Title    | Name                        | Address                            |
|-------------------------------|----------|-----------------------------|------------------------------------|
| 1) <u>X</u> Change            | <u>P</u> | <u>Armando D. Sotolongo</u> | <u>300 N KROME AVE BLDG 3</u>      |
| <u>      </u> Add             |          |                             | <u>FLORIDA CITY, FL 33034-3414</u> |
| <u>      </u> Remove          |          |                             |                                    |
| 2) <u>      </u> Change       |          |                             |                                    |
| <u>      </u> Add             |          |                             |                                    |
| <u>      </u> Remove          |          |                             |                                    |
| 3) <u>      </u> Change       |          |                             |                                    |
| <u>      </u> Add             |          |                             |                                    |
| <u>      </u> Remove          |          |                             |                                    |
| 4) <u>      </u> Change       |          |                             |                                    |
| <u>      </u> Add             |          |                             |                                    |
| <u>      </u> Remove          |          |                             |                                    |
| 5) <u>      </u> Change       |          |                             |                                    |
| <u>      </u> Add             |          |                             |                                    |
| <u>      </u> Remove          |          |                             |                                    |
| 6) <u>      </u> Change       |          |                             |                                    |
| <u>      </u> Add             |          |                             |                                    |
| <u>      </u> Remove          |          |                             |                                    |

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**E. If amending or adding additional Articles, enter change(s) here:**

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

I would like to clarify that SOTOLONGO, ARMANDO J, Jr. is the same person than SOTOLONGO, ARMANDO D.

**F. 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)

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The date of each amendment(s) adoption: September 7, 2019 if other than the date this document was signed.

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 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 7, 2019

Signature

Armando D. Sotolongo

(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)

Armando D. Sotolongo

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)