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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IMPEX OF DORA	AL, INC		
DOCUMENT NUMB	ER:			
	f Amendment and fee are su	bmitted for tili	ng.	
Please return all corresp	oondence concerning this ma	tter to the follo	wing:	
F	RAFAEL RECALDE, ESQ			
_		Name of Co	ontact Person	
F	RECALDE LAW FIRM, P.A			
_		Firm/ C	Company	
1	10800 BISCAYNE BLVD,	STRE 988		
-		Ado	fress	
r	MIAMI, FL 33161			
_		City/ State a	ind Zip Code	•
RAFA	EL@RECALDELAW.COM	1		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
RAFAEL RECALDE			305	792-9100
Name of Contact Person		at (		)le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the l	Torida Depa	rtment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	lopy .	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> aili	ng Address		Street a	Address
Amer	idment Section	Amendment Section		
	ion of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building		
i ailai	nassee, FL 32314		2661 b:	recutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	(Name of Corn
IMPEX OF DORAL, INC	

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P94000025342	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	TI CZ TI
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist thereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

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.

X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	GIOVANNI DI MELLA	7850 NW 80 ST
X Add			SUITE #3
Remove			MEDLEY, FL 33166
2) Change	CEO	GIOVANNI DI MELLA	7850 NW 80 ST
Add			SUITE #3
X Remove			MEDLEY, FL 33166
3) Change	CEO	GIANCARLO DI MELLA	7850 NW 80 ST
X Add			SUITE #3
Remove			MEDLET, FL 33166
4) Change			
Add			
Remove			
5) Change			_
Add			<del></del>
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
<u> </u>	<del></del>
	<u> </u>
	<del></del>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 JULY 17 2018
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)
(Typed or printed name of person signing)
<u>Œ0</u>
(Title of person signing)

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