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COVERLETTER

Division of Corporations
NAME OF CORPORATION: PAUSALE, INC.
DOCUMENT NUMBER: P98000049192
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ESPERANZA I. HERNANDEZ Name of Contact Person
NA
Firm/ Company
5151 COLLINS QU. AP. 1420 Address MIDMI FLORIDA 33140 City/ State and Zip Code
HABIBISPI105@gmail. Com E-mail address: (to be used for future annual report notification)
re-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Esperanza J. Heinanez at (786) 449 5801 3
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

(Same of Cornoration	n as currently filed with the F	lorida Dent. of State)		
P98 0000	49101	,		
(Docume	ent Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the follo	wing amendi	ment(s) to
A. If amending name, enter the new name of the cor	<u> poration:</u>			
			The ne	ረዝ፡
name must be distinguishable and contain the word "Corp." "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co" - 4 professio			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>				_
				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u> </u>		<u></u>	-
			<u></u>	•
				7
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		der the name of the	3	7) (T 2) (E
Name of New Registered Agent			- د.	1305 11-4 13-7
			— ეი	1-16- 1701
	(Florida street address)		_	17
New Registered Office Address:		, Florida		
	(City)	17	(sp Code)	_
New Registered Agent's Signature, if changing Regis	stered Agent:			
Thereby accept the appointment as registered agent. I	am familiar with and accept the	e obligations of the positio	ın	
Signa	ture of New Registered Agent, ij			

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, \hat{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: <u>X</u> Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	$\overline{\Box}$	ROSA MARIBELO ECHEVERRIA	5151 collins AU
Add		ECHEVERRIA	DP.1420
Remove			MIDNI BECH 3314
2) Change	\mathcal{I}	ESPERBUZA I HERVA	PEZ 51516/1/NSAV.
Add		·	29.1420 HIDMI
Remove			BEACH 33140
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romavo			

Attach <i>additional sheets, if necessar</i> y	articles, enter chai 9 — (Be specific)			
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	-			
				
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f an amendment provides for an ev	<u>vehange, reclassifi</u>	<u>ication, or cancell</u>	ation of issued sha	ires.
provisions for implementing the air (if not applicable, indicate NA)	<u>nenament ii not e</u>	ontained in the ai	nendment uself:	
19 1, ,				
		-		
				
<u> </u>				
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The date of each amendment(s) adoption:	3 2017	if other than the
date this document was signed.		
Effective date if applicable:		
(no more than 90 day	tys after amendment file date)	
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not	t be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s		
"The number of votes east for the amendment(s) was/were suf	fficient for approval	
by	,	
(voting group)		
The amendment(s) was/were adopted by the board of directors withe action was not required.	nout shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	shareholder action and shareholder	
Dated = 1/3/2017	_	
Signature (By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)		
Exercise Her	monde 2	
(Typed or printed name	e of person signing)	
	ctor	
(Title of per	erson signing)	