## P9900041906

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SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 2990000019Nie DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wilfredo Bodriquez Name of Contact Person Flickalton DC E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wilfredo Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Prinken In	<u> </u>	
(Name of Corp	oration as currently filed with the Florida Dept. of State)	
P9900004190		
	ocument Number of Corporation (if known)	
	lorida Statutes, this Florida Profit Corporation adopts the following an	mendment(s) t
its Articles of Incorporation:		
A. If amending name, enter the new name of	the corporation:	
		he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the abbr "Corp," "Inc," or "Co". A professional corporation name must con or the abbreviation "P.A."	eviation itain the
B. Enter new principal office address, if appl	icable:	<del></del>
(Principal office address MUST BE A STREET	<u>(ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	FILE
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the	3: 21
Name of New Registered Agent		
	(Florida street address)	
	. Florida	
New Registered Office Address:	(City) (Zip Cod	de)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with and accept the obligations of the position.	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess rector title President = Chief F r, Directo in the foi ves the co	irector being ary) e by the first le ; T= Treasure inancial Offic or would be PI llowing manne orporation, Sa	added:  tter of the office title:  r; S= Secretary; D= Director; TR= Tru er. If an officer/director holds more the D. r. Currently John Doe is listed as the PS lly Smith is named the V and S. These sh	rector being removed and title, name, and stee; $C = Chairman \ or \ Clerk$ ; $CEO = Chief$ an one title, list the first letter of each office $ET$ and Mike Jones is listed as the $ET$ . There is ould be noted as John Doe, $ET$ as a Change,
Example: X Change	PT	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>N</u> an	 <u>ne</u> 	<u>Addres</u> s
1) Change		<u></u>	Velyn 6 Podraucz	
Add				
Remove				
2) Change	$\Box$	<u> </u>	nd Rodaquez	18302 Floral tomor
_\_Add				SpringHill H
Remove				34610
3) Change			<u> </u> 	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Article	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	II
<u> </u>	
. If an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
provisions for implementing the amend	iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

m		if o	ther than the
The date of each amendment(s) adoption date this document was signed.		, n o	iner dian die
Effective date if applicable:			
	(no more than 90 days af	(ter amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	es not meet the applicable stat t of State's records.	utory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each to			
"The number of votes cast for the	mendment(s) was/were sufficie	ent for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were adopted be action was not required.	the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	the incorporators without share	eholder action and shareholder	
Dated	29/12		
Signature III			
	resident or other officer - if d	irectors or officers have not been	
selected, by	incorporator - if in the hands of	of a receiver, trustee, or other court	
appointed fid	ciary by that fiduciary)		
	NIFERO P	Redanuez-	
<del></del>	(Typed or printed name of		
	(Title of person	n signing)	
	11		