## V37429

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## **COVER LETTER**

ΓO: Amendment bivision of C		:	
NAME OF COR	PORATION: Printex Corp.		
	JMBER:		
The enclosed Arti	cles of Amendment and fee are sub	bmitted for filing.	
Please return all c	orrespondence concerning this mat	tter to the following:	
	Juliana Ruiz		
		Name of Contact Person	
	Printex Corp.		
	<u> </u>	Firm/ Company	
	4566 N. Hiatus Rd.	, ,	
		Address	<del></del>
	Sunrise, FL 33351		
	<del></del>	City/ State and Zip Code	2
	juliana@printex.net		
	· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)
For further inforn	nation concerning this matter, pleas	se call:	
Juliana Ruiz		305 at (	de & Daytime Telephone Number
Na	nne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	ee ☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Printex Corp.				
(Name of Corporation	ation as currently fi	led with the Florida Dej	ot. of State)	
V37429				
(Docu	ument Number of Co	orporation (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	ida Statutes, this <i>Flo</i>	rida Profit Corporation :	adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the	corporation:			
n/a			The	new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	ic." or "Co". A p	pany," or "incorporated rofessional corporation	or the abbreviation "Co name must contain the	rp.," word
B. Enter new principal office address, if applicab	ble:	n/a		
(Principal office address MUST BE A STREET AL			£ 2	
				<del></del>
				<u>·</u>
C. Enter new mailing address, if applicable:		<i>t</i>	-	
(Mailing address MAY BE A POST OFFICE B	<u>BOX</u> )	n/a 	<u> </u>	<del></del>
			1:00	
	-		n.s	כ
D. If amending the registered agent and/or regis new registered agent and/or the new registered		s in Florida, enter the n	ame of the	
n/a				
Name of New Registered Agent				
	-		<del>.</del>	
	(Florida street	(daress)		
New Registered Office Address:		····	Florida (Zip Code)	
	/(.	ity)	(2.1) Colle)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: nt Lam familiar wit	h and accept the obligati	ons of the position.	
Sh	ignature of New Reg	istered Agent, if changing	<del></del>	
		· · · · · ·		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to	s. 607.0120 (11) (e)	, F.S.		

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.

Example:  X Change	<u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	DT	Liliana Cobo	4566 N. Hiatus Rd
1) Change Add			Sunrise, FL 33351
X Remove			
2) Change	S	Florencia Cobo	4566 N. Hiatus Rd
Add			Sunrise, FL 33351
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional sh</i> e	ng additional Article eets, if necessary).	(Be specific)				
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an amendment p	rovides for an excha	inge, reclassifica	tion, or cancella	tion of <u>issued sha</u>	res.	
rovisions for imp	olementing the amen	dment if not con	tained in the am	endment itself:		
(if not applicat	ble, indicate N/A)					
	<del>_</del>	<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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07/14/2020	, if other than the
The date of each amendment(s) adoption:	, a once that are
07/14/2020	
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
Signature  (By a princetor) president or other officer – if directors or officers have not be selected by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	een court
Juliana Ruiz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	