P05000160046

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Entry Marie)
(Document Number)
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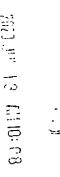




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C. GOLDEN AUG 2 2 2020

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION; COCOA JEANS INC DOCUMENT NUMBER: P05000160046 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SOL BEATRIZ MONTOYA Name of Contact Person COCOA JEANS INC Firm/ Company 10622 SW 148 AVENUE DRIVE Address MIAMI, Fl 33196 City/ State and Zip Code solmontoya@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SOL MONTOYA Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

• •

COCOA JEANS INC			2020 July 13 MillO: 08
(Name	of Corporation as curre	ntly filed with the Florida Dept. of	State)
P05000160046			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, th	is Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association," "chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corporation name	ie abbreviation "Corp.," must contain the word
B. Enter new principal office address.	if applicables	N/A	
(Principal office address MUST BE A S			
C. Enter now mailing addraws if apul	icable		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
			<u> </u>
D. If amending the registered agent at	nd/or registered office ac	ldress in Florida, enter the name o	<u>f the</u>
new registered agent and/or the ne			
Name of New Registered Agent	SOL BEATRIZ MONT	AYC	
(Mille 19 Herritagine 18 Herritagine	10622 SW 148 AVENU	E DRIVE	
	(Florida	street address)	
New Registered Office Address:	MIAMI	rit	33196 orida
		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Age	nt:	
I hereby accept the appointment as regis	tered agent - Lam familia 	r with and accept the obligations of	the position.
		//I <i>17</i>	
	Jeeur	1 mm/C.	
	Signature of Yew	Registered Agent, if changing	
	/		

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)

Example:

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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V	CARLOS OSORIO	10622 SW 148 AVENUE DRIVE
Add			MIAMI, FI 33196
X Remove	P	SOL BEATRIZ MONTOYA	10622 SW 148 AVENUE DRIVE
2) Change X Add			MIAMI, FI 33196
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessar				
emove Carlos Osorio as President and	add Sol Beatriz Monto	ya as the new President.		<u>.</u>
				
				
			·	
· · · -				
				<u>.</u>
If an amendment provides for an oppositions for implementing the	<u>exchange, reclassificat</u> amendment if not cont	ion, or cancellation of i	<u>ssued shares.</u> at itself:	
(if not applicable, indicate N/A)		*************	
/A				
			<u> </u>	

	7/9/2020	
The date of each amendment(s) ac		, if other than the
date this document was signed.		
7/9/2	2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the am fficient for approval.	nendment(s)
☐ The amendment(s) was/were ann	proved by the shareholders through voting groups. The following	ng statement
	each voting group entitled to vote separately on the amendmen	
		•
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
100%		
by	·"	
	(voting group)	
7/9/2020	1	
Dated		
	Luulla 7	
Signature	Jud humic.	
	irector, president or other officer - if directors or officers have	
	d, by an incorporator – if in the hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary)	
	50/ BEATIZ Monto (Typed or printed name of person signing)	ya
	, , , , , , , , , , , , , , , , , , ,	
	President.	
	(Title of person signing)	