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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:SELVA'S	CAKE DESIGNERS COR	PORATION		
DOCUMENT NUMBE	R:	P10000015435			
The enclosed Articles of	.Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	atter to the following:			
		ALFREDO E. SELVA			
_		Name of Contact Persor	<u> </u>		
	SELVA'S	CAKE DESIGNERS GROU	JP CORP		
_		Firm/ Company			
		13770 SW 84 STREET			
Address					
	MIAMI, FL 33183				
City/ State and Zip Code					
	jadir@hispaniefactor.org				
_	E-mail address: (to be us	sed for future annual report	notification)		
For further information c	oncerning this matter, plea	se call:			
ALFREDO E, SELVA		305	299 5214		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	riment of State:		
S35 Fiting Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio P.O. B	g Address mem Section n of Corporations ox 6327 issee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment 10 Articles of Incorporation of

SELVA'S CARE	DESIGNERS COR	PORATION		
(Name of Corporation a	as currently filed v	rith the Florida D	ept. of State)	
(Document	Number of Corpor	ation (if known)		
arsuant to the provisions of section 607,1006, Florida Sta Articles of Incorporation:	ituies, this <i>Florida</i>	Profit Corporation	adopts the followir	ig amendment(s
. If amending name, enter the new name of the corpo	oration:			
	<u>hanni.</u> E designers gr	OHP CORP		
ime must be distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviate	oration," "company " "Co". A profes.	," or "incorporate		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> .	<u> </u>		1,4,	. .
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered of the province of the page and a positioned of t		lorida, enter the t	tame of the	
new registered agent and/or the new registered offic	ee address:			()
Name of New Registered Agent				_
				 -
,	tFlorida street addre	88)		
New Registered Office Address:			, Florida	
	(Сиу)		(Zip)	Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		accept the obligati	ons of the position.	_
Signature	e of New Registered	Agent, if changin	Υ	
Theck if applicable The amendment(s) is/are being filed pursuant to s. 607.9	.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 = Trustec; 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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	·
Add			
Remove			
6) Change			
Add		-	
Remove			

(Attach additional sheets, if necessary). (Be specific) A	
A	
	-
	<u> </u>
	
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	•
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	•
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	:
A.	
	·
	-

		January 5, 2024	
	each amendment(s) ac ument was signed.	doption:	, if other than the
	•	January 10, 2024	
Effective da	te <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		rno more inan socialis aper amenameni jae aaier	
		lock does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of	Amendment(s)	(<u>CHECK ONE</u>)	
	idment(s) was/were ado s not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
	idment(s) was/were ado areholders was/were su	opted by the shareholders. The number of votes east for the amend efficient for approval.	iment(s)
-C			
		proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	
··Th		for the amendment(s) was/were sufficient for approval	
by		(voting group)	
~~·		(voting group)	
	Dated	January 10, 2024	
	Dated		
	Signature	(A) Stora	1
	(By a di	rector, president or the officer - if directors or officers have not	
		i, by an incorporator - if in the hands of a receiver, trustee, or other	er court
	appoint	ed fiduciary by that fiduciary)	:
		ALFREDO E. SELVA	
		(Typed or printed name of person signing)	*
		PRESIDENT	÷:

(Title of person signing)