

**PR 00021635**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H22000250855 3)))



H220002508553ABC\$

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : R&P ACCOUNTING AND TAXES INC  
 Account Number : I20170000090  
 Phone : (305)358-1310  
 Fax Number : (305)503-6701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arodb723@gmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 COIGNFRA CO.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

J. HORNE

AUG - 1 2022

RECEIVED

2022 JUL 29 PM 4:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 JUL 29 AM 10:17

FILED

JUL 29 2022



attached:  
Filing Cover Sheet and  
Articles of Amendment.

July 28, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

THANK YOU

COIGNFRA CO.  
6355 NW 36 ST STE 407  
VIRGINIA GARDENS, FL 33166

SUBJECT: COIGNFRA CO.  
REF: P12000027635

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The title "officer" is not an acceptable title. Please list Omar Rafael Pucciarelli as a president, vice president, secretary, treasurer or director. Please use his "new" title when he signs at the bottom of page 4 instead of officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

FAX Aud. #: E22000250855  
Letter Number: 022A00016869

**FILED**  
2022 JUL 29 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of  
COIGNFRA CO

(Name of Corporation as currently filed with the Florida Dept. of State)

PI2000027635

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address **MUST BE A STREET ADDRESS**)*

12707 US Highway 19 N  
CLEARWATER, FL 33764

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

12707 US Highway 19 N  
CLEARWATER, FL 33764

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_  
\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

Change                    PT     John Doe

Remove                      V       Mike Jones

Add                            SV     Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>MARCELO S SUAREZ</u>	<u>12707 US Highway 19</u>
<input type="checkbox"/> Add			<u>Clearwater, FL 33764</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>DANIEL H VEGEGA</u>	<u>12707 US Highway 19</u>
<input type="checkbox"/> Add			<u>Clearwater, FL 33764</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>OMAR RAFAEL PUCCIARELLI</u>	<u>12707 US Highway 19</u>
<input type="checkbox"/> Add			<u>Clearwater, FL 33764</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)**

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**F. 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)**

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 07/27/2022  
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated 07/27/2022

Signature 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Omar Rafael Pucciarelli

(Typed or printed name of person signing)

Director

(Title of person signing)