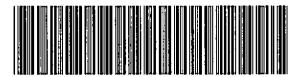
P20000043762

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PUENTES COUS	IN CORP			
DOCÚMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ALEXEI PUENTES SANCI	IEZ			
-		Name of Contact Perso	11		
	PRESIDENT				
-		Firm/ Company	<u> </u>		
	1400 W 41 ST APT C				
-		Address			
	HIALEAH FL 33012				
-		City/ State and Zip Cod	le		
	ALEXEI2019@YAHOO.COM				
-	E-mail address: (to be us	sed for future annual report	notification)		
				/ "	1.3
or further information	concerning this matter, pleas	se call:		•	- · · · · · · · · · · · · · · · · · · ·
ALEXEI PUENTES SANCHEZ		at (5706961	•	. 29
Name of Contact Person		Area Co	ode & Daytime Telephone Number		*** ***
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	(*.	00
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 I	Address Imment Section on of Corporations Fentre of Tallahassee N. Monroe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

PUENTES COUSIN COR	П
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(Name of Corporation	on as currently filed with th	ie Florida Dept, of State)	
P20000043762			
(Docum	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc,' "chartered." "professional association," or the abbre	" or "Co". A professional	"incorporated" or the abbi corporation name must	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
			2 :
			5)
D. If amending the registered agent and/or register		a, enter the name of the	6
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 Reg	ictored Agent:		
I hereby accept the appointment as registered agent.	t am familiar with and accep	ot the obligations of the pos	ition.
Sione	uture of New Registered Agei	nt. if changing	
	······································	and the second s	
Check if applicable			

 \square 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> Cnange	<u>1' </u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Aracelys Del Martinez Valdes	1075 w 26 st Apt 2 Hialeah Fl
X Add			33010
Remove			
2) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an evebange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	tiach <i>additional sheets</i> ,	dditional Articles, enter ch if necessary). — (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
100 11 1 10 10 11 11	
f.Hective date <u>if applicable</u> : (no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this 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 with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by	"
(voting group)	
08/25/2022 Dated	
Signature	
(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
ALEXEI PUENTES SANCHEZ	
(Typed or printed name of person signing	g)
PRESIDENT	

(Title of person signing)