6/9/2021

Division of Corporations

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Division of Corporations

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: (850)617-6380

From:

Account Name : CARLOS PEREZ DR & SONS CORP

Account Number : I20210000093 Phone : (786)975-9103

Fax Number : (786)975-9103

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

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SECULE ALARCE OF STATE

COR AMND/RESTATE/CORRECT OR O/D RESIGN ILYES INC

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COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons	
SUBJECT:	LYES INC		
DOCUMENT NU	1. 7100000	e of Corporation	
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Nicol	C LOPCZ Name of Contact Person		
Carlos	Perez Jr & Sor	s Comp	
1313 5	W 24 Ave Address		
Miami	FL 33145 City/State and Zip Code		
Carlos (E-mail addre	E Capes Services ss: (to be used for future annual re		
For further informa	ation concerning this matter, pleas	se call:	
Nicole	Lopez	at (305) 450	-6715
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
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Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Page: 3 of 5

Street Address:

Amendment Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

(Document number of corporation	on (if known)			
1 LIES INC				
(Name of corporation as it appears on the records	s of the Department of State)			
2				
(Incorporated under laws of)	(Date authorized to do business	in Florida)		
SECTION II		·		
(4-7 COMPLETE ONLY THE APPLIC	CABLE CHANGES)			
4. If the amendment changes the name of the corporation, when was the change e				
incorporation?	freeted under the laws of its jurisd	iction of		
r.				
 (Name of corporation after the amendment, adding suffix "corporation," "composition on the composition of the corporation) 				
not contained in new name of the corporation) "comporation," "comp	pany," or "incorporated," or appro-	oriate abbre	eviatio	n, if
416				
(If new name is unavailable in Florida, enter alternate corporate name adopted f	or the purpose of transacting busing	ess in Flor	rida)	
6. If the amendment changes the period of duration, indicate new period of di				_
	utation,			
	·			
(New duration)		5 c	2	
		E.S.	121	
7. If the amendment changes the jurisdiction of incorporation, indicate new ju-	risdiction.		6- KNF	
		25.5	-==	=
(New jurisdiction)		mi		177
		ا ي الد	P	:::
If amending the registered agent and/or registered office address in Florida	, cuter the name of the	교 없	===	
and the reference and ress;			3	
Name of New Registered Agent)	ري	
(Florida street address)				
New Registered Office Address:				
(City)	, Florida			
New Registered Agent's Signature, if changing Registered Agent:		•		
I hereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of the nocities			
	-r sangunous by the position.			
Signature of New Registered Agent, if changing				

ı

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:										
Title/	Capacity		Name				Address		Type o	of Action
$\overline{\mathcal{L}}$)	Ker	-Kouc	he,Hamia	d	118 N	W 4th	Avenue	2_	□Add
								6,FL330		-
125	<u>></u>	<u>Kh</u>	elifa,	Soraya		118NI	N 4th	Avenue	2	□Add
						Halland	ale Bea	Ch,FL33	<u>00</u> 9	Remove
										□Add
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lo. Attac of the under	thed is a ce application the laws o	rtificate on to the D of which i	or document epartment of t is incorpora	of similar impor State, by the Sec ited.	t, evide cretary	encing the ame of State or other	endment, authoriofficial havi	enticated not m	ore the	Remove an 90 days prior to delivery te records in the jurisdiction
					رس ے					
	Hami	id k	acel	Signature of a di receiver or othe		president or ot appointed fide	her officer - if uciary, by that	in the hands of fiduciary)	f	<u> </u>
	(1	yped or p	erinted name	of person signing	g)		(Title of person	signin	g)

FILING FEE \$35.00

2021 JUN -9 AM II: 03