Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000286467 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

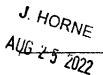
Account Number : I20000000146 : (305)444-4994

Fax Number : (305)328-4774

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN BUENO ENTERPRISES CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |



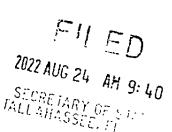
Electronic Filing Menu

Corporate Filing Menu

Help

To:

Articles of Amendment to Articles of Incorporation of



| BUENO ENTERPRISES CORP. | · | TEMPASSEE, FL |
|---|---|---|
| (Name o | f Corporation as currently filed with the | |
| 144864 | | |
| | (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607. ts Articles of Incorporation: | 1006, Florida Statutes, this <i>Florida Profi</i> | Corporation adopts the following amendmen |
| L. If amending name, enter the new na | ime of the corporation: | |
| | | The new |
| | Corp," "Inc," or "Co". A professiona | "incorporated" or the abbreviation "Corp.," I corporation name must contain the word |
| B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u> | If applicable: TREET ADDRESS) | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | icable: | |
| (Watting comess MAT DE VICE) | | |
| | | |
| D. If amending the registered agent an new registered agent and/or the ne | nd/or registered office address in Florid | a, enter the name of the |
| Name of New Registered Agent | NIURKA J. ALVARADO | |
| | 10404 W Flagler St #7 | |
| | (Florida street address) | |
| New Registered Office Address: | MIAMI | Fiorida 33174 |
| New Regulered Office Address. | (City) | (Zip Code) |
| • | • | |
| New Registered Agent's Signature, if a I hereby accept the appointment as registered. | hanging Registered Agent: tered agent. I am famillar with and acce | pt the obligations of the position. |
| | 150- | |
| | Signature of New Registered Age | nt, if changing |
| | | |
| Check if applicable | • | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

To:

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 und 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.

| X Change | PT | John Doc | |
|-------------------------------|--------------|--------------------|-----------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1)Change | DP | JOSEFINA BUENO | 8921 SW 6TH ST |
| Add | | . | MIAMI, FL 33174 |
| XX Remove | | • | |
| 2) Change | DP | NIURKA I. ALVARADO | 10404 W Flagler ST #7 |
| XX Add | | <u></u> | MIAMI, FL 33174 |
| Remove 3)Change | | | |
| Add | • | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| A dd | | | |
| Remove . | | · | |

| | ary). (Be specific) | |
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| amendment provides for a | n exchange, reclassification, or cancellation or cancellation or cancellation or cancellation of the americal contained in | n of issued shares. |
| (if not applicable, indicate N | | |
| (if nat applicable, indicate N | | |
| (if nat applicable, indicate N | | · · · · · · · · · · · · · · · · · · · |
| (if not applicable, indicate N. | | ······································ |
| (if not applicable, indicate N. | | · · · · · · · · · · · · · · · · · · · |
| (if not applicable, indicate N. | | |
| (if nat applicable, indicate N. | | |
| (if not applicable, indicate N. | | |

To:

| 7/13/2022 | icata da da |
|--|--|
| The date of each amendment(s) adoption: | , if other than the |
| Effective date if applicable: | · · · · · · · · · · · · · · · · · · · |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | s, 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 without shareho action was not required. | ilder action and shareholder |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendy the shareholders was/were sufficient for approval. | :ndment(s) |
| □ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment. "The number of votes cast for the amendment(s) was/were sufficient for approval. | - |
| by | |
| (voting group) | |
| Dated | |
| (By a director, president or other officer - if directors or officers have a selected, by an incorporator - if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary) | |
| IOSEFINA BUENO | |
| (Typed or printed name of person signing) | |
| DP ANN | |
| (Title of person signing) | |
| | |