N16000002942

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DHILLIAN OLENFORZ

COVER LETTER

TO: Amendment Section Division of Corporations

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FLORIDA II NAME OF CORPORATION:	NTERNATIONAL PHII	ARMONIC INC		
N18000002942 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	his matter to the followir	ng:		
CARLOS ARAGON				
	(Name of Conta	ect Person)		
	(Firm/ Com	ipany)		
9310 FONTAINEBLEAU BLVD # 304				
	(Addres	ss)		
MIAMI, FL 33172				
	(City/ State and	Zip Code)		•
caragon@bolivarphil,com				
E-mail address: (to	be used for future annua	al report notification	on)	
For further information concerning this matter	r, please call:			
CARLOS ARAGON		561 at _	229-4452	
(Name of Contact	t Person)		(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the Flor	rida Department o	f State:	
□ \$35 Filing Fec ■\$43.75 Filing Certificate of	Fee & Status Certified Cop (Additional control enclosed)	y Certi opy is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address Amendment Section		Street Address Amendment Sec	tion _	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA INTERNATIONAL CORPORATION	INC			
(Name of Corporation as currently filed with the	Florida D	ept. of State)		
(Docum	nent Numbe	er of Corporation (if known	1)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Pr</i>	ofit Corporation add	opts the following
A. If amending name, enter the new name of the	<u>corporati</u>	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporat <u>e</u> .	ion" or "incorporated" or	the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	9310 FONTAINEBLEAU	J# 304	
(Principal office address MUST BE A STREET A		MIAMI, FL 33172		
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)			-
D. If amending the registered agent and/or regis	stered offic	ce address in Florida, ent	er the name of the	
new registered agent and/or the new register				200
Name of New Registered Agent:	CARLOS	ARAGON	<u> </u>	7 3
	9310 FON	TAINBLEAU BLVD # 30)4	1.446 4444 4444 11
New Registered Office Address:		(Florida	street address)	0. = 1
	MAIMI, F	ïL	, Florida	33172
		(City)	(Zip Co	ode) T
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	t. I am far	miliar with and accept the	() vago'	osition. 1
_	Si	gnature of New Registered	Agent, if changing	

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C</u>	DAVID PEREZ	2630 NW 84TH AVE APT 101 MIAMI, FL 33122
× Remove			
2) Change Add	AD	RODRIGO GUERRERO	28 COLBORNE ROAD # 2 BOSTON, MA 02135
X Remove 3) Add X Remove	<u>T</u>	KARIM ROMERO	12599 ASHGLEN DRIVE S JACKSONVILLE, FL 32224
4) × Change Add	<u>VC</u>	EVA MORENO	21100 SW 87TH AVE CUTLER BAY, FL 33189
Remove			
5) × Change Add	<u>P</u>	CARLOS ARRAGON	9310 FONTAINEBLEAU BLVD MIAMI, FL 33172
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
			. <u></u>
	<u></u>		

	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no	o more than 90 days after amendment file date)
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
12/15/2021 Dated
Signature QU2S QU2S
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CARLOS ARAGON
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)