N18000002942

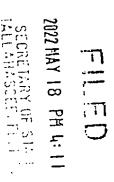
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUL 2 5 2022





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI		IATIONAL PHILARI	MONIC INC	
	N18000002942			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
CARLOS ARAGON				
		(Name of Contact Po	erson)	•
		(Firm/ Company	/)	
9310 FONTAINEBLEAU	BOULEVARD # 304			
		(Address)		
MIAMI, FL 33172				
		(City/ State and Zip	Code)	<u></u>
caragon@bolivarphil.com				
	E-mail address: (to be used	d for future annual rep	port notification	n)
For further information con	cerning this matter, please	call:		
CARLOS ARAGON		at	561	2294452
-	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Molling	A delegar	ç.,	roat Addrage	

Mailing Address

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

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

FILED 2022 HAY 18 PH 4:11

FLORIDA INTERNATIONAL PHILARMONIC INC

		SECOND -
(Name of Corporation as currently filed with the Florid	da Dept. of State)	TALLAHASSEE, TLOW
(Document Nu	imber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp. "Company" or "Co." may not be used in the name.	oration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	9310 FONTAINEBL	EAU BOULEVARD # 304
(Principal office address <u>MUST BE A STREET ADDRE</u>	(SS) MIAMI, FL 33172	
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9310 FONTAINEBI	LEAU BOULEVARD # 304
	MIAMI, FL 33172	
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		
Name of New Registered Agent:	LOS ARAGON	
9310	FONTAINEBLEAU BOU	ILEVARD # 304
	(FI	lorida street address)
<u>New Registered Office Address:</u> MIAN	MI. FL	33172 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	aka uklimusiana afeka manisian
I hereby accept the appointment as registered agent. I an	n jamiliar with and accept	The obligations of the position.
	Signature of New Regist	ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	С	ANTHONY PEREZ	2630 NW 84TH AVE. DORAL, FL 33122
X Remove			
2) Change Add			·
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
		-	

		_		
				
				•
		.		, if other that
	<u>-</u>			
nore than 90 days a	jter amendme	ent file date)		
t meet the applicabl f State's records.	e statutory fili	ing requirements	s, this date will	not be listed as the
IECK ONE)				
	more than 90 days a	more than 90 days after amendment meet the applicable statutory file f State's records.	more than 90 days after amendment file date) It meet the applicable statutory filing requirements f State's records.	

There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
	03/31/2022
Dated _	
Signature _	Calles Hearing
ì	By the chairman or vice chairman of the board, president or other officer-if directors nave 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)