N180000 12299

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R. WHATE.
JUL 21 2020

COVER LETTER

TO: Amendment Section Division of Corporations

 $(x_1,\dots,x_n) \in \mathbb{R}^n$

HAITICKEM, IN NAME OF CORPORATION:	C		
N18000012299 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Stephania Lamothe			
	(Name of Contact Per	son)	
HAITICKEM, INC			
	(Firm/ Company)	<u></u> .	
4920 HAVERHILL COMMONS CIR APT 21			
	(Address)		
WEST PALM BEACH, FL 33417			
	(City/ State and Zip C		
stephanialamothe@gmail.com			
E-mail address: (to be t	ised for future annual rep-	ort notification	1)
For further information concerning this matter, ple	rase call:		
Stephania Lamothe		561	633-3322
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida I	Department of	State:
■ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State		Certif Certif	icate of Status fed Copy tional Copy is
Mailing Address Amendment Section	An	eet Address lendment Sect	

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

(Name of Corporation as currently filed with the Florida Dept. of State) HAITICKEH, TIC N1800012299
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation. A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent: (Florida street address) New Registered Office Address: ___, Florida _ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 De V Mike Jo SV Sally Si	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change • Add	Officer	Ahjani G Bonnet	4920 Haverhill Commons Cir 21 West Palm Beach, Fl 33417
Remove 2) * Change Add	Officer	Bendy Dorsonne	829 NE 199TH ST APT 204 MIAMI FL, 33179
Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
(attach additional shee	ets, if necessary).	•	
		NA	

		
		
		
		<u> </u>
	NA	
The date of each amendment(s) adoption:	10 14	, if other than the
	NIA	
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: no more than 90		')
<u>Note:</u> If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco		ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE	()	
The amendment(s) was were adopted by the members was/were sufficient for approval.	and the number of votes cast fo	r the amendment(s)

Dated	06/15/20
Signature _	Suplained the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
ı	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary) Stephania Lamothe
	Stephania Lamothe

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were