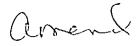
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COVER LETTER

TO: Amendment Section Division of Corporations

HAITI PAP PERLINC. AME OF CORPORATION:
N20000006087
OCUMENT NUMBER:
he enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
IERRE JECROIS
(Name of Contact Person)
(Firm/ Company)
816 Granada Blvd
(Address)
tiramar FL 33023
(City/ State and Zip Code)
ocjecrois@yahoo.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
ierre Jecrois 786 4435913 at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
nclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

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

2021 MAR -5 PM 2:5

HAITI PAP PERLINC.	01		77 -5 PM 2: 53	
Name of Corporation as currently filed with the Fl	orida Dent. of S	State)	< 53	_
N20000006087		<u> </u>	•	
(Document	Number of Cor	poration (if kno	 wn)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this F	lorida Not For i	Profit Corporation adopts the t	followin
A. If amending name, enter the new name of the co	rporation:			
N/A				The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or	"incorporated"	or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable	N/A			
(Principal office address <u>MUST BE A STREET ADD</u>				·
			<u> </u>	
C. Enter new mailing address, if applicable:	N/A			
(Muiling address <u>MAY BE A POST OFFICE BO.</u>	<u>Y</u>)			
D. If amounting the against and against and/or ganisted	ad office addes	on in Florida a	-ta-tha-aa-fth-	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		<u>88 in Fiorida, ei</u>	iter the name of the	
Name of New Registered Agent: N/	A			
New Registered Office Address:		(Flori	da street address)	
N/	A			
	(City)		, Florida (Zip Code)	
	•			
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		th and accept th	e abligations of the position	
	, , , ,		- management of the production	

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 F. 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 Do V Mike Jo SV Sally St	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	VP	Moles Valsaint	241 NW 38th ST Pompano Beach FL 33064
x Remove			
2) Change Add	<u>T</u>	Jean Fenick Noel	4444 S Rio Grande Avenue Orlando FL 32829
X Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	
N/A			

	<u> </u>	
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_ 		
	02/28/2021	
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	03/01/2021	
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	

Dated	02/28/2021
Signature	Alged
	(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)
	Pierre Jecrois
	(Typed or printed name of person signing)