P010000 89341

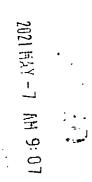
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOL DE BORINQ	UEN BAKERY INC				
	P01000089341					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	NELSON HERNANDEZ					
	Name of Contact Person					
	SOL DE BORINQUEN BAKERY INC					
	Firm/ Company					
	2510 MICHIGAN AVE SUI	TE C				
	Address					
	KISSIMMEE FL 34744					
		City/ State and Zip Cod	le			
	INFO@NADIESABEMAS.C	СОМ				
	E-mail address: (to be us	sed for future annual repor	t notification)			
For further information	n concerning this matter, pleas	se call:				
NELSON HERNANI	DEZ	at (<u>407</u>	9523315			
Name	of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

SOL DE BORINQUEN BAKERY INC

(Name of Corporation	n as currently filed with the Florida Dep	ot. of State)
P01000089341		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "con". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation is	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ra	
(Maning dadress MAT BE AT OST OTTICE DOZ		
		_
D. If amending the registered agent and/or registered		me of the
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Code)
	•	•
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I		ns of the position.
		202
		2021 KAY -
Signa	ture of New Registered Agent, if changing	
Check if applicable		- 7
☐ The amendment(s) is/are being filed pursuant to s. 6	07.0120 (11) (e), F.S.	7>
= 1.1.1 . Menantings, 12 and coming three particular to the		

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	SBD	_	ADAY PINO	
Add				
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
	·			
<u> </u>				
				<u></u>
an amendment provides for an exc provisions for implementing the am	<u>hange, reclassificatio</u> endment if not conta	on, or cancellation	of issued shares, Iment itself:	
(if not applicable, indicate N/A)				
				· · · · · ·
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>			

The date of each amendment(s) adoption:date this document was signed.	if other thar
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 requirements, this document's effective date on the Department of State's records.	late will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voing group)	~ `
05/04/2021	.021
05/04/2021 Dated	<u> </u>
Signature Nebro Jekrandy	2021 KAY -7
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other coupappointed fiduciary by that fiduciary)	
NELSON HERNANDEZ	56
(Typed or printed name of person signing)	
DV	

(Title of person signing)

the

the