P02000099250

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TO: Amendment Section Division of Corporations		•	
NAME OF CORPORATION	INAGUA HOLDII	NGS, INC.	
DOCUMENT NUMBER:	2000099250		
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
GABRI	ELA CARDENAL		
N/A		Name of Contact Pers	son
620 HA	RBOR CIRCLE	Firm/ Company	
KEY BI	SCAYNE, FL, 33149	Address	
-		City/ State and Zip Co	ode
JAVIER	CUADRA@ME.CO	М	
E-n	nail address: (to be us	sed for future annual repo	ort notification)
For further information concern	ning this matter, pleas	se call:	
JAVIER CUADRA		305 at (979-9233
Name of Contac	et Person	Area (Code & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida De	epartment of State:
•	43.75 Filing Fee & ertificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	 □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amenament

to

Articles of Incorporation

of

INAGUA HOLDINGS, INC.			
(<u>Name</u> P02000099250	of Corporation as curren	tly filed with the Florida I	Dept. of State)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment(s) t
A. If amending name, enter the new n N/A	ame of the corporation:		
name must be distinguishable and contain	the word "cornoration"	"company" or "incorporate	The new
"Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporatio	n name must contain the word
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
Trincipal office dualess intost bi. A.S	<u>INLET ADDRESS</u>)		
			
C. Enter new mailing address, if appl		N/A	- p
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		P11 2:
			2: 5
			50
D. If amending the registered agent ar			name of the
new registered agent and/or the ne			
Name of New Registered Agent	GABRIELA CARDENA	.l	
	620 HARBOR CIRCLE		
	(Florida s	treet address)	
N. D. C. LOW ALL	KEY BISCAYNE	•	33149
New Registered Office Address:		(City)	, Florida
		, 6.1,)	(rap code)
Registered Agent's Signature, if c	hanging Registered Ager	nt:	
eby accept the appointment as regist	tered agent. I am familiar	with and accept the obligation	tions of the position.
•	Cal May Dex	(O1110 e 20)	
	Signature of New	Registered Agent, if changing	10

fapplicable

unendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

It 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)

Example:

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>e</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		MERCEDES CARDENAL	620 HARBOR CIRCLE
Add X				KEY BISCAYNE, FL. 33149
Remove 2) Change	PS		GABRIELA CARDENAL	620 HARBOR CIRCLE
X Add		_		KEY BISCAYNE, FL, 33149
Remove 3) Change				
Add				
Remove				
Change		_		
Add				
Remove				
Change	.	_		
Add				
Remove				
Change		_		
. Add				
Remove				

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an amenument p rovisions for imi	lementing the ame	nange, reciassifica	tion, or cancellate	ion of issued share:	<u>s.</u>
(if not applica	ole, indicate N/A)				
					
					
					

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i ne date of each amendment(s) ad	ориоп:	, it other than the
date this document was signed. 1/5/2	021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date))
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the am ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	••	
*/	(voting group)	
selected	rector, president or other officer – if directors or officers have a by an incorporator – if in the hands of a receiver, trustee, or offiduciary by that fiduciary) CARDENA (Typed or printed name of person signing)	other court
	PREGIDENT/SECRETARY	
•	(Title of person signing)	