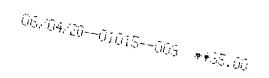
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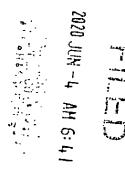
(R	Requestor's Name)			
(A	address)			
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(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(C	Ocument Number)			
Certified Copies	Certificates of	Status		
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JUN 22 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Mario + Sun Inc
DOCUMENT NUMBER: <u>P0300021273</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mario Ortigosa Name of Contact Person
Mario + Son Inc Firm/ Company
20500 Sw 198th ave
Miami FL 33187 City/ State and Zip Code
Mario and Son Net E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Mayio Ortigosa at (786) 663 5749 Name of Confect Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\times \text{S35 Filing Fee} \tag{ \text{S43.75 Filing Fee} & \text{S43.75 Filing Fee} & \text{Certificate of Status} & \text{Certified Copy} & \text
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Mariot Son Ir)(c	
(Name of Corporation	on as currently filed with the F	orida Dept. of State)
PU300001127	3	
(Docun	nent Number of Corporation (if ki	newn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A professional cor	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u>)	2020
C. Enter new mailing address, if applicable:	27	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
		65 5
		<u> </u>
D. If a mandian the marintaned agent and the marintaned	and a CC and damenting Ethericks and	too the name of the
D. If amending the registered agent and/or register new registered agent and/or the new registered		ter the name of the
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 Reg I hereby accept the appointment as registered agent.	istered Agent:	obligations of the position
r nereny accept the approximent as registered agent.	i am jamurar wun ana decejn ine	unigutions of the position.
Sign	ature of New Registered Agent, if	changing

Check if applicable

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

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: <u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nam-</u>	<u>e</u>	Address	
1) Change	<u></u>	<u>Sr</u>	knnon Ortigos		
_ <u>X</u> _ Add			J	Seminale,	tl 33577
Remove 2) X Change	DPST	<u>M</u>	ario Ortigosa	8585 Merrin	
Add			•	Seminole, FL	33777
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				-	
Remove					
6) Change					
Add					
Remove					

(, macii aaa	litional sheets,	idditional Art if necessary).	(Be specific	;)	·		
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If an amor	idmont provid	lac for an aval	annan raelae	cification or	cancellation o	f issued shares.	
provision	s for impleme	enting the ame	ndment if no	ot contained i	n the amenda	ent itself:	1
(if not	t applicable, in	idicate N/A)					
							
		•					
						<u>.</u>	

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The date of each amendment(s) adoption:date this document was signed.	5-31-20	, if other than the
Effective date <u>if applicable</u> :	5 - 31 - 20 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement f State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the am approval.	endment(s)
	ne shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by		
by	ting group)	
Dated 5 - 31 - Signature	sident or other officer-(if directors or officers have	not been
selected, by an inc	orporator – if in the hands of a receiver, trustee, or one by that fiduciary)	
	(Typed or printed fidme of person signing) (Title of person signing)	