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| (Red                      | questor's Name)   |             |  |
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| (Add                      | dress)            |             |  |
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|                           |                   |             |  |
| (City                     | y/State/Zip/Phon  | e #)        |  |
| PICK-UP                   | ☐ WAIT            | MAIL        |  |
|                           |                   |             |  |
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| Certified Copies          | Certificates      | s of Status |  |
|                           |                   |             |  |
| Special Instructions to I | Filing Officer:   |             |  |
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Office Use Only



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SEAL LARGE SEP 11

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: GARCIA-MARI I                       | NVESTMENTS INC.  |  |
|--|---|--|--|
| DOCUMENT NUM   | P04000126674                                |  |  |
| The enclosed Articles  | s of Amendment and fee are su               | abmitted for tiling.   |  |
| Please return all corre  | espondence concerning this ma               | itter to the following:  |  |
|  | Eric Mari                                   |  |  |
|  |   | Name of Contact Person   |  |
|  | GARCIA-MARI INVESTM                         | ENTS INC.  |  |
|  |   | Firm/ Company  | <del>_</del>   |
|  | 6541 SW 112 Ave                             |  |  |
|  |   | Address  |  |
|  | Miami / FL 33173                            |  |  |
|  |   | City/ State and Zip Code   | <del></del>  |
|  | vikingocubano@gmail.com                     |  |  |
|  | E-mail address: (to be us                   | sed for future annual report   | notification)  |
| For further information  | on concerning this matter, plea             |  | 903-0822   |
| Name   | of Contact Person                           | at (<br>Area Coc   | ) 903-0822<br>le & Daytime Telephone Number  |
| Enclosed is a check to   | or the following amount made                |  |  |
| ☐ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate 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, 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

FILED 2022 SEP - 1 PM 12: 21

GARCIA-MARI INVESTMENTS INC.

| ( <u>Name</u>   | of Corporation as curren     | tly filed with the Florida | Dept. of State)           | ahij-                  |
|---|------------------------------|----------------------------|---------------------------|------------------------|
| P04000126674  |                              |                            | 17:[-[-7                  | SHASSET, PU            |
|   | (Document Number             | of Corporation (if known   | )                         |                        |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes, thi | s Florida Profit Corporal  | tion adopts the following | lowing amendment(s) to |
| A. If amending name, enter the new n  | ame of the corporation:      |                            |                           |                        |
| N/A   |                              |                            |                           | The new                |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association, | Corp," "Inc," or "Co".       | A professional corporat    |                           | viation "Corp.,"       |
| B. Enter new principal office address, if applicable:   |                              | N/A                        |                           |                        |
| (Principal office address MUST BE A S   |                              | <del></del>                |                           |                        |
|   |                              |                            |                           |                        |
|   |                              |                            |                           |                        |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST   |                              | N/A                        |                           |                        |
|   |                              |                            |                           |                        |
|   |                              |                            |                           | <del> </del>           |
|   |                              |                            |                           |                        |
| D. If amending the registered agent at  |                              |                            | ne name of the            |                        |
| new registered agent and/or the ne  | w registered office addre    | SS:                        |                           |                        |
| Name of New Registered Agent  | N/A<br>                      |                            |                           | <del></del>            |
|   |                              |                            |                           |                        |
|   | (Florida s                   | treet address)             |                           |                        |
| New Registered Office Address:  | N/A                          |                            | . Florida                 |                        |
| <u>new Registerea Office Address.</u>   |                              | (City)                     | , rioriga                 | (Zip Code)             |
|   |                              |                            |                           |                        |
|   |                              |                            |                           |                        |
| New Registered Agent's Signature, if c  |                              |                            |                           |                        |
| I hereby accept the appointment as regist   | tered agent. I am familiai   | with and accept the oblig  | gations of the posi-      | tion,                  |
|   |                              |                            |                           |                        |
|   |                              |                            |                           |                        |
|   | Signature of New             | Registered Agent, if chang | ging                      |                        |
|   | ••                           |                            | •                         |                        |
| Check if applicable   |                              |                            |                           |                        |

 $\Box$  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 Doc 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                      | <u>PT</u>                | John De    | <u>oe</u>         |                 |
|-------------------------------|--------------------------|------------|-------------------|-----------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jo    | nes               |                 |
| X Add                         | <u>sv</u>                | Sally Sr   | nith              |                 |
| Type of Action<br>(Check One) | <u>Title</u>             |            | Name              | Address         |
| 1) X Change                   | PT<br>                   | <b>-</b> • | Giselle L. Garcia | 6541 SW 112 Ave |
| Add                           |                          |            |                   | Miami, FL 33173 |
| Remove 2) X Change            | sv                       |            | Eric Mari         | 6541 SW 112 Ave |
| Add                           | <u>———</u>               | _          |                   | Miami, FL 33173 |
| Remove 3) Change              |                          | _          |                   |                 |
| Add                           |                          |            |                   |                 |
| Remove                        |                          |            |                   |                 |
| 4) Change                     |                          | _          |                   |                 |
| Add                           |                          |            |                   |                 |
| Remove                        |                          |            |                   |                 |
| 5) Change                     |                          | _          |                   |                 |
| Add                           |                          |            |                   |                 |
| Remove                        |                          |            |                   |                 |
| 6) Change                     |                          | _          |                   |                 |
| Add                           |                          |            |                   |                 |
| Remove                        |                          |            |                   |                 |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| N/A   |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)       |
| N/A   |
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08/29/2022 The date of each amendment(s) adoption: , if other than the date this document was signed. 08/29/2022 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) Dated Signature (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 court appointed fiduciary by that fiduciary) Giselle L. Garcia (Typed or printed name of person signing) President

(Title of person signing)