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MAY 2021

COVER LETTER

Division of Corporations NAME OF CORPORATION: A & A's Limited Corporation DOCUMENT NUMBER: P04000131089 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Akenis Montane Name of Contact Person A & A's Limited Corporation Firm/ Company 9352 SW 21 Terrace Address City/ State and Zip Code Miami, Florida 33165 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Akenis Montane Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & \$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: 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

A & A's Chilled Corporation			
(Name o	of Corporation as currentl	y filed with the Florida Dept. of State)
A & A's Limited Corporation			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
	A.L. Limiko	Coeparation,	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". 🕡	1 professional corporation name must	reviation "Corp" contain the word
B. Enter new principal office address,	if applicable:	9352 SW 21 Terrace	
(Principal office address MUST BE A S		Miami, Florida 33165	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9352 SW 21 Terrace	
		Miami, Florida 33165	77
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	9352 SW 21 Terrace	··· - · · · · · · · · · · · · · · · · ·	
	(Florida str	·	2175
 New Registered Office Address: 	Miami	, Florida	3165
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agent: ered agent/ I am familiar v	vith and accept th e oblig ations of the po	sition.
	Signature of New Ro	egistered Agent, if changing	· · ·
Check if applicable The amendment(s) is/are being filed po	ursuant to s. 687.0120 (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:		•		
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	\underline{V}	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	 -	_		
Add				
Remove				
6) Change				
Add				
Remove				· -

(Attach	ending or adding additional Articles, enter change(s) here: Additional sheets, if necessary). (Be specific).	
REINSTA	ATEMENT OF THE CORPORATION. TRACKING NUMBER 5608023578CR	
•		
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		•
IC	mandament annuida. Sa an amb ann an IoniGaetian an annuallation of insued who mus	
provis	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	
		
<u>.</u>		

• • • • • •

The date of each amendmen	it(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	04/09/2021	
Tricelle date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder actio	in and shareholder
	ere adopted by the shareholders. The number of votes east for the amendment(swere sufficient for approval.	;)
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemed led for each voting group entitled to vote separately on the amendment(s):	nı
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
100%		
by	(voting group)	
04/09	0/2021	
Dated		
Signature	By a director, president of other officer – if directors or officers have not been	
SC	elected, the arcincorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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