Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000082751 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number : (786)409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Pmail	Address	,
	MODIESS	è

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JAIMERA INVESTMENT, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER





## 14 APR -7 AM 10: 35

SECRETARY OF STATE to TALLAHASSEE, FLORI Articles of Incorporation of

IAIMERA INVESTMENT, C	CORP			
(Name of Corporation as currently fi	led with the Florida Deu	of State)		
P05000 <u>130203</u>				
(Document Number of	Corporation (if known)			
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutos, this Ptorida Pro	fit Corporation adop	ots the following amendment	t(s) to
If amending name, enter the new same of the co	rporation;			
			The new	
me must be distinguishable and contain the word forp.," "Inc.," or Co.," or the designation "Corp., and "chartered," "professional association," or the	," "Inc," or "Co". A pre	ny," or "incorpora ofessional corporati	ted" or the abbreviation on name must contain the	
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET ADD</u>				
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BO.	220			
		<del></del>		
If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Flori office address:	du, enter the name	of the	
Name of New Registered Agent				
	(Flurida stress address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
rw Registered Agent's Signature. If changing Registered agent.	istered Agent: I am familiar with and acc	ept the obligations of	of the position.	
Signature of Ne	ew Registered Agent, if cha	neine		

Page 1 of 4



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= Trustae; C = Chairman or Clark; 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 H <u>Iohn Doa</u> X Remove <u>v</u> Mike Jones X Add SY Sally Smith <u>Addres</u>s Type of Action Title <u>Name</u> (Check One) MARIA FARIA DE PADRON PD 4465 NW 110 CT Change **DORAL FL 33178** Add Remove 4465 NW 110 CT PD MARIA R. FARIA PEREZ Change **DORAL FL 33178** Remove Change Remove Change Remove Change Remove Change Remove

Page 2 of 4

f <u>amending or adding additions</u> Litach additional sheets, Y nocess	ary). (Be specific)			
	<u></u>			
		<del></del>	-	
				<del></del>
· · · · · · · · · · · · · · · · · · ·				
<del></del>				
			_	
<del></del>				
an amendment provides for a provisions for implementing the	n exchange, recurring to amendment if not c	canon, or enveryn outsined in the saw	on or space in sec.	•
	V/A)			
(if not applicable, indicate h	•			
(if not applicable, indicate N	·			
(if not applicable, indicate h				
(if not applicable, indicase h				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicase h				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N				
(if not applicable, indicate N				

Page 3 of 4



14 APR -7 AM 10: 35

SECRETARY OF STAIL

H140000837E

The date of each smeadment(s) as date this document was signed.	Joptions TALLAHASSEE, FLORIDA	if other than the
Effective data if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	opted by the shareholders. The number of votes cast for the amendment(s)	
	waved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
The number of voice cast	for the emendment(x) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were add sotion was not required.	epted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 03/21/20		
solocie	ipotor, president or officer – if directors or officers have not been a by-ser incorporator – if in the hands of a receiver, trustee, or other court sted fiductary by that fiductary)	·
	Maria R. Faria Perez	
	(Typed or printed name of person signing)	<del></del>
	President	<del></del>
	(Title of person signing)	

Page 4 of 4