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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DON LOLO'S INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENIFFER NAVAS Name of Contact Person Firm/ Company 850 W HALLANDALE BEACH BLVD Address HALLANDALE BEACH FL 33009 City/ State and Zip Code JENIFFERNAVAS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENIFFER NAVAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

☐\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Mailing Address

\$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

DON LOLO'S . INC

DON LOLOS , INC				
(Name of Corporation as currently	filed with the Florida Dept. of State)			
P07000022663				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the fo	llowing a	mendm	ient(s) to
A. If amending name, enter the new name of the corporation:				
			,	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbr professional corporation name must	reviation '	he nev "Corp., he wor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEGRET	2022 HOY	*** ***** ****************************
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	MASSA ATT	15 AH 10: 03	J
Name of New Registered Agent				
When the state	and to make			
(Florida stree	a dauress)			
New Registered Office Address:	, Florida City)	(Zip Code		
	511,57	(Zaj/ Cisa)	<i>c y</i>	
· ·		, ,	•,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	sition.		
Cimmum CV B	statement to make if also well as			
Signature of New Rey	gistered 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: XChange	<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>	Name	<u>Addres</u> s
1) Change	S	ARNALDO NAVAS	850 W HALLANDALE BCH BLV
Add			HALLANDALE FL 33009
X Remove			
2) Change	P	MARIA NAVAS	850 W HALLANDALE BCH BLV
Add			HALLANDALE FL 33009
X Remove	P	JENIFFER NAVAS	850 W HALLANDALE BCH BLV
$\frac{1}{X}$ Change	<u> </u>		HALLANDALE FL 33009
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional s	ling additional Artic heets, if necessary).	(Be specific)				
						-
	_				<u>. </u>	
						
_						
						<u>-</u>
an amendment r	govides for an exch	ange, reclassificat	ion, or cancellatio	n of issued shares	s.	
rovisions for im	olementing the amer	ndment if not con-	ained in the amen	dment itself:	<u></u>	
(if not applica	ble, indicate N/A)			<u> </u>		
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The date of each amendment(s) adoption	NOVEMBER 12, 2021	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department	loes not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
11/12/2021 Dated Signature_ X		
	president of other officer – if directors or officers have not been in ihoofporator – if in the hands of a receiver, trustee, or other court diciary by that fiduciary)	
JENI	FFER NAVAS	
	(Typed or printed name of person signing)	
PRES	BIDENT	

(Title of person signing)