P07000131945

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Remalial
again 2/11/21

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2021

ENRIQUE CEREZALEZ PROANDRE HYGIENE SYSTEMS, INC. 1200 BRICKELL AVE SUITE 1950 MIAMI, FL 33131

SUBJECT: PROANDRE HYGIENE SYSTEMS, INC.

Ref. Number: P07000131995

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES. PLEASE RESUBMIT THIS FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00024758



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No Marx S

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2020

ENRIQUE CEREZALEZ PROANDRE HYGIENE SYSTEMS, INC. 1200 BRICKELL AVE SUITE 1950 MIAMI, FL 33131

SUBJECT: PROANDRE HYGIENE SYSTEMS, INC.

Ref. Number: P07000131995

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00024758

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	PROANDRE HY	GIENE SYSTEMS	, INC			
DOCUMENT NUMBER:	P07000131	995				
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.				
Please return all correspondence	concerning this mat	ter to the following:				
	EN	PIOUE CEREVAL	ro			
	EI	RIQUE CEREZALI	<u> </u>			
	Name of Contact Person					
	PROANDRE HYGIENE SYSTEMS INC					
	1200 80106	Firm/ Compar	•			
1200 BRICKELL AVE SUITE 1950						
	Address					
MIAMI, FL 33131 City/ State and Zip Code						
		City/ State and Zip	Code			
	~ ,	roandre.com				
E-mai	l address: (to be use	d for future annual r	eport notificat	ion)		
For further information concerning this matter, please call:						
ENRIQUE CEREA	at (34	617-	314-494			
Name of Contact P	Are	a Code & Day	rtime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cert s Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy aclosed)		
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Ai Di T) 24	reet Address mendment Sec ivision of Corp ne Centre of 115 N. Monro Illahassee, FL	porations Tallahassee pe Street, Suite 810		

Articles of Amendment to Articles of Incorporation

PROANDRE HYGIENE SYSTEMS, INC.

(Name	of Corporation as curre	ently filed with the Flor	rida Dept. of State)	
P0700	00131995			
	(Document Number	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, tl	his <i>Florida Profit Corpo</i>	pration adopts the followi	ng amendment(s) to
A. If amending name, enter the new r	same of the corporation:	<u>.</u>		
N/A				The
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	 4 professional corno 	porated" or the abbreviation name must conta	_The new ion "Corp.," in the word
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
-	/			
				1991
				391 EEU
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROX)	N/A		57 —
	<u> </u>			
				සු
D. If amending the registered agent ar	od/or registered office as	delana (n. 1815 a.)	41	- J
new registered agent and/or the ne	w registered office addre	ess:	the name of the	0.
Name of New Registered Agent	N/A			
Name of New Registered Agent				
	(Florida	street address)		_
	(Frorida	street adaress)		
New Registered Office Address:		(City)	, Florida	
		(City)	(Zip (Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt:		
hereby accept the appointment as regist	ered agent. I am familia	r with and accept the ob	ligations of the position	
	Signature of New	Registered Agent, if cha		-
	DISTINGUE OF IVER	negisierea Agent, ij cha	mgmg	

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:

X Change	<u>PT</u>	John De	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	pith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change	<u> </u>	_		
Add				
Remove				
5) Change		_	<u> </u>	
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
N/A	
	
	
If an amendment provides for an each	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	sment is not contained in the amendment usen;
	10,000 SHARES OF COMMON STOCK A PAR VALUE OF
THE	TO,000 SHARES OF COMMON STOCK A PAR VALUE OF
1.00 PER SHARE TO 36,000 SHARES OF	F COMMON STOCK WITH \$ 10.00 PER SHARE
,	TOTAL STOCK WITH S 10.00 LEX SHARE
	

	10/15/2020	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:	0/15/2020	
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will nument of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and sh	arehold e r
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	or, 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 fi	duciary by that fiduciary)	
	ENRIQUE CEREZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	