

## Florida Department of State

Division of Corporations

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TWO SISTERS LOVE & CARE INC.**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**TWO SISTERS LOVE & CARE INC.**

(present name)

**P08000048470**

(document number)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment (s) adopted: (indicate article number (s) being amended, added or deleted)

**Article VII – The initial officer(s) and/or director(s) of the corporation is/are:**

Directors will be Add

**HOYONES GONZALEZ**

(Vice-President)

50% Stocks

11724 SW 106<sup>TH</sup> Terr

Miami, FL 33186

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: June 25, 2020

**FOURTH:** Adoption of Amendments (s) (CHECK ONE)

☒ The amendments(s) was/were approved by the shareholders. The number of votes cast for the amendments(s) 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 by \_\_\_\_\_"  
voting group

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- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25<sup>th</sup> day of June, 2020.

Signature Miriam Alonso  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer is adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Miriam Alonso

Typed or printed name

President

Title

STATE OF FLORIDA  
COUNTY OF DADE

Sworn and subscribed before me, this 25<sup>th</sup> of June of 2020, at Miami, Fl by Mrs. Miriam Alonso, who is known to me and presented her Florida Driver License as identification.

[Signature]  
Notary Public - State of Florida

My Commission Expires:



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