## P08000109391

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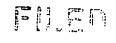


## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NELAGE CORPO	RATION		
	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RAFAEL RIERA			
		Name of Contact Persor	1	
	NELAGE CORPORATION			
		Uma ( Carrante		
	Firm <sup>2</sup> Company 730 NW 17TH AVENUE			
	Address			
	MIAMI FL 33125-3627			
		City/ State and Zip Cod	e	
	rrierab@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ANA D CALAFELL		305	321-6799	
Name of Contact Person		at ( 305 ) 321-6799 Area Code & Daytime Telephone Number		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address  ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation of



2021 OCT 27 PM 1: 02

NELAGE CORPORATION

(Name of Corporation as cur	rrently filed with the Florida Dept; of State).
P08000109391	:/·-:
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corporation "Inc." or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "i	The new on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
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)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
	<del></del>
	ida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am jami	
Signature of N	New Registered Agent, if changing
Check if applicable	

 $\square$  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	PT	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	RAFAEL RIERA	740 NW 17TH AVE
X Add			MIAMI, FL 33125-3627
Remove			
2) X Change	V	ELENA TIURINA	740 NW 17TH AVE
Add			MIAMI, FL 33125-3627
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>	-	
Add			
Remove			
51 Change	<del></del>		
Add			****
Remove			
6) Change			_
Add			
Remove			

(Atta	nending or adding additional Articl ch additional sheets, if necessary).	(Be specific)			
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	····				
				· <del>-</del>	
	···			-	
<u>If an</u>	amendment provides for an exchai	nge, reclassificat	ion, or cancella <u>ti</u>	on of issued share:	<u>s.</u>
<u>pro</u>	visions for implementing the ameno (if not applicable, indicate N/A)	<u>Iment if not cont</u>	tained in the ame	<u>ndment itself:</u>	
	· · · · · · · · · · · · · · · · · · ·				
		<del></del>			
			<del>- 10 </del>		

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment file date)
<b>Note:</b> If the date inserted in this blocument's effective date on the De		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of dir	ectors without shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of Ticient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast t	or the amendment(s) was/were sufficient	t for approval
by	(voting group)	··
	(voting group)	
10/20/2021 Dated	M-2	
selected	ector, president or other officer – if direct, by an incorporator – if in the hands of a diduciary by that fiduciary)	
;	RAFAEL RIERA	
-	(Typed or printed name of per	son signing)
	PRESIDENT	

(Title of person signing)