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Amend

SEP 1 8 2019

I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

	TIONALLY INCORPORA	TED
NAME OF CORPORATION:	·	<del></del>
DOCUMENT NUMBER:		<u> </u>
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ANTONIO REGOJO		
	Name of Contact Person	1
REGOJO LAW, PA		
12550 BISCAYNE BLVD S	Firm/ Company STE 110	·
	Address	
MIAMI, FL 33181	Address	
	City/ State and Zip Cod	e
E mail addrass	(to be used for future annua	Legart patification)
17-man address.	to be ased to ratare asimul	i report normalican
For further information concerning this matter, please	se call:	
ANTONIO REGOJO	305	814-8299
	at (	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JUNTOS TRADITIONALLY INCORPORATED				(A.O)
(Name of Corporation as currently P09000060801	y filed with the Flori	da Dept. of State)		9/
(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006. Flor Incorporation:	rida Statutes, this <i>con</i>	poration adopts the follow	ing amendment(s	) to its Articles o
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp" "Inc" or Co ," or the designation "Co word "chartered." "professional association," or t	orp," "Inc." or "Co"	'. A professional corporat		
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u> )			-	
	-			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE F</u>	<u>BOX</u> )			
	-			
D. If amending the registered agent and/or regis new registered agent and/or the new registered		in Florida, enter the nam	e of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:		Florida		
	(City)	_	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligations	of the position.	
Signature of	New Registered Age	nt. if changing		

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 Doc	≟	
X Remove	<u>V</u>	Mike Jor	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change			<del></del>	
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				<del></del>
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			<del></del>	
Remove				

99 6 13 1 1 6 3 3 3	attend to a consequence of a children with a made
The purpose for which the benefit corporation is orga-	t by providing sustainable fashions using natural
·	
materials throughout the development of produc	tion, including packaging, to create a low carbon
ootprint. The corporation uses fair factories as	assessed by independent third parties. A portion
of the profits will be used to benefit educational of	causes.
	eated by the corporation (in addition to its general purpose) is
follows (optional): The coroporation shall further benefit communiti	ies by offering a shoe exchange, where they donate
slightly worn shoes and donating such shoes to	students in need.
Lastly, the corporation has a focus on education	, where they work with third party nonprofits to
assist with education preparedness and school s	supplies for students in need.
The additional qualifications of Benefit Director(s), it	f'any, are as follows:
The name(s) and address(es) of the Benefit Director(: Name and Title: <u>Maurice J. Laniado. P/D</u>	s) and/or Benefit Officer(s), If any:  Name and Title: Susan S. Harnett. VP/D
3031 S Miami Ave	39 Sanibel Street
Address:	Address:
Miami, FL 33129	Mount Pleasant, SC 29464
(Include at	tachment if necessary)
The second of the second of the second order	nimum status vote, terminates its status as a Florida Protit Ben
The corporation, in accordance with the required into	revised purpose for which the corporation is organized is as I
Corporation in accordance with s. 607.605, F.S. The	
Corporation in accordance with s. 607,605, F.S. The	

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

ie:	
15	
···	
The public benefit for which the corpo	ration is organized is:
<u></u>	
The specific public benefit(s) to be cre	ated by the corporation (in addition to the above) is/are as follows (optional):
<del>-</del>	<u> </u>
The additional qualifications of Benefi	it Director(s), if any, are as follows:
•	
<u> </u>	
The name(s) and address(es) of the Be	mefit Director(s) and/or Benefit Officer(s), if any:
Name and Title:	Name and Title:
Address:	Address:
<del></del>	
	(Include attachment if necessary)
The corporation, in accordance with the Corporation in accordance with s. 607	ne required minimum status vote, terminates its status as a Florida Profit Social, 505, F.S. The revised purpose for which the corporation is organized is as for
•	· · · · · · · · · · · · · · · · · · ·

tach additional sheets, if necessary).	(Be specific)
, <u></u>	
<del>-</del> -	
amendment provides for an exchang	ge, reclassification, or cancellation of issued shares,
isions for implementing the amendm	nent if not contained in the amendment itself:
if not applicable, indicale N/A)	
-	
<del></del>	
<del></del>	
	amendment provides for an exchanisions for implementing the amendmif not applicable, indicate N/A)

## 

September 6, 2019
Dated\_\_\_\_\_\_Signature\_\_\_\_\_

(By a director, 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 fiduciary by that fiduciary)

(Typed or printed name of person signing)

President/Director

(Title of person signing)