## P10 000 055653

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2022 SEP - 1 AM 11: 46

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HABANG CALIBE, INC					
DOCUMENT NUMBER: 19 100000 55653					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
-deses Samuell					
Name of Contact Person Hahana Calibe, J. NO					
Firm/Company 5455 Paln 7 Que					
Hialeah FL 33012					
City/ State and Zip Code <u>whana 0809 @ Yahoo aony</u> E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sesus Samuell at (305), 403-7349  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

	Articles of Incorporation of	
Habana	Caribe INC	2072 SEP - 1 AM 11:1.6
(Name of Corpora	tion as currently filed with	the Florida Dept. of State)
P100000	55653	TALLAHASSI
(Doc	iment Number of Corporation	ı (it'known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Prof</i>	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
	DIA	The new
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	z," or "Co". A professione	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>(OX</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		ia, enter the name of the
Hanc of the registered agent	5455 Palm	Que

(Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Y ... New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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>	<u>John Doe</u>	
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	<u>_P</u>	Jesus Samuell	5455 Palm Que
Add			Hioliah FL 33016
Remove	_	1.0 0 0 11	574 6 51 ST
2) Change	<u> </u>	Jesus Samull	Hialeah FL 33013
Add			-1155 Dalas A.
Remove 3) Change	<u> P</u>	Day lin Samuell	5455 Palm Qui Hiplinh FL 33012
<u></u> ⊀ Add		ľ	
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>	·	
Add			
Remove			
6) Change		·	
Add Remove			<del></del>
RCHIOVC			

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	8/24/2022	
Effective date it appricable.	(no more than 90 days after amendment file o	late)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amend	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	<b>26</b> .
by	ast for the amendment(s) was/were sufficient for approval $\frac{100^{-0}/b}{(voting\ group)}$	1022 SEP
•	(voting group)	Section 1
Dated	8/24/2022	- AM II: 46
Signature		<i>~</i> ′-′- <b>€</b>
(By sele	a director, president or other officer – if directors or officers he cted, by an incorporator – if in the hands of a receiver, trustee, ointed fiduciary by that fiduciary)	
	Sessis Samuell (Typed or printed name of person signing)	
	Dufidint (Title of person signing)	