P110000044502

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amend

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1007 JUN -2 PH 12 31

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: CLER INES COR	LP.				
DOCUMENT N	P11000044502					
The enclosed Ar	ticles of Amendment and fee are so	ubmitted for filing.				
Please return all	correspondence concerning this ma	atter to the following:				
	MARIA M SALVO RUBER	кто				
		Name of Contact Person				
	CLER INES CORP.					
		Firm/ Company				
	8070 NW 126 TER					
		Address				
	PARKLAND, FL. 33076					
		City/ State and Zip Code	e			
	GMCSCORP@BELLSOUT	TH.NET				
	E-mail address: (to be u	ised for future annual report	notification)			
For further infor	mation concerning this matter, plea	ase call:				
L. GOMEZ		at (235-7779			
N	Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing F	Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	☐\$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	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

CLER INES CORP.		2027 JUH -2 PM 12 31
(Name of Corporatio	n as currently filed with the Flor	ida Dept. of State)
P11000044502		ALAHASSEE ESTATE
(Docume	ent Number of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or register	ed office address in Florida, enter	r the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
The Market of the Control of the Con	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	stered Agent: Tam familiar with and accept the of	blications of the position.
I nevery accept the approximent as registered agent.	um jaminur with and accept me of	onganous by the position.
Signa	ture of New Registered Agent, if ch	anging

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	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	D	MARIA M. STRIANESE	8070 NW 126 TER	
X Add			PARKLAND, FL. 33076	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Re specific)	
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,		<u>-</u>

f an amendment provides for an exch	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
1.11		
1.1111		
		_
		-

The date of each amendment(s) ad	MAY 25, 2021	, if other than the
date this document was signed.	option:	, it offer than the
_	25, 2021	
	(no more than 90 days af	er amendment file date)
Note: If the date inserted in this bl document's effective date on the De		atory 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.	nted by the incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	oved by the shareholders through voti each voting group entitled to vote sepa	
"The number of votes cast	or the amendment(s) was/were sufficient	ent for approval
by		
. ————————————————————————————————————	(voting group)	
MMAY 28, Dated Signature	2021	
(By a di selected	ector, president or other officer – if di by an incorporator – if in the hands of diductary by that fiductary)	
	MARIA M STRIANESE	
	(Typed or printed name of p	person signing)
	DIRECTOR	
•	(Title of person signing)	

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