P12000049014

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(ON) Cate Zight Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ADONDER.COM	LINC		
	IBER: P12000049014			
	s of Amendment and fee are su	hmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	JESUS A HENRIQUEZ			
		Name of Contact Person	n	
	ADONDEIR.COM INC			
		Firm/ Company		
	8300 NW 102nd AVE Ste 32	13		
		Address		
	DORAL FL 33178			
		City/ State and Zip Code	<u> </u>	
	adondeir.com@gmail.com			
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleas		397 - 4659	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	ariment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Amend	Address Iment Section	
	vision of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

ADONDEIR.COM INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P12000049014	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>)	<u>X</u> ,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	
	
	(Florida street address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Regi	. Florida (City) (Zip Code)

Signature of New Registered Agent, 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)

Example:

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	S	YESENIA VAQUIRO	8300 NW 102nd AVE STE 323
Add			DORAL FL 33178
_XRemove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Anach adainonaí	sheets, if necessary).	(Be specific)	ge(s) here:		
-					
				<u></u>	
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				<u>.</u>	
		<u> </u>			
					
					
If an amendment	provides for an exch	nange, reclassific	ation, or cancel	ation of issued sha	ires,
provisions for in	nplementing the ame table, indicate N/A)	endment if not co	intained in the a	mendment itself:	
уу ног арулас	ante, mateute (v.A)				
					
			<u> </u>		

10 / 15 / 2022
The date of each amendment(s) adoption:, if other than t date this document was signed.
10 / 15 /2022
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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)
Dated
(By a director, president or other officer – if directors or officers have not been selected, by an proproduct – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
JESUS A. HENRIQUEZ
(Typed or printed name of person signing)
PD

(Title of person signing)