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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Estevez Baez Inves	stments Inc.	
DOCUMENT NUM	P12000074790		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Vinicio Vargas		
		Name of Contact Person	n
		Firm/ Company	
	9998 NW 127st		
		Address	
	Hialeah Gardens, Florida 330	)18	
		City/ State and Zip Cod	e
	VIN5737@HOTMAII.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call;	
Vinicio Vargas		at (	) 879-0931
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niting Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	·
P12000074790		
(Document Number	of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
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 "P.A.	A professional corporation name must co	ontain the word
B. Enter new principal office address, if applicable:	9998 NW 127 ST	2020 AI
(Principal office address MUST BE A STREET ADDRESS)	Hialeah Gardens, Florida 33018	52
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9998 NW 127 ST	ý,
(maining mainess MATT 1812 (TVS) OTT FOLL TOS)	Hialeah Gardens, Florida 33018	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent	33.	
Name of New Registered Agent		<del></del>
(Florida s	street address)	
New Registered Office Address:	, Florida	·
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the posit	ion.
Sionature of New	Registered Agent, if changing	<del></del> -

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:

(Anach 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 = Trustce;  $C = Chairman\ or\ Clerk$ ;  $CEO = Chief\ Executive\ Officer$ ;  $CFO = Chief\ Financial\ Officer$ . If an officer/director holds more than one title, list the first letter of each office held. President, Freusurer, 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 Dow, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Do	o <u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>SV</u>	Saily Sn	níth		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	<u> </u>	<del>_</del>		· · · - · · · · · · · · · · · · · · · ·	
Add					
Remove					
2) Change					
Add		_		•	
Remove					
3)Change				·	
Add		<del></del>			
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Aúd					<del></del>
Remove					

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If an amendment provides for an exch		cancellation of issued s	nares,
If an amendment provides for an exchi- provisions for implementing the amer	idment if not contained	in the amendment itself	f <del>.</del>
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	idment if not contained	in the amendment itself	<u>:</u>
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The date of each amendment(s) adoption: \_\_\_\_\_\_, if other than the date this document was signed. 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 the 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 (voting group) Dated 8 | 19 | 2020 Signature X (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) Vinicio Vargas

(Typed or printed name of person signing)

(Title of person signing)

TD